



PREMIER ACCESS INSURANCE COMPANY

DENTIST HANDBOOK

**Please visit our website at www.premierppo.com to obtain
patient eligibility, patient benefit schedule, and patient
Certificate of Insurance.**



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

A Word from the President

Dear Provider:

This Dentist Handbook is to help you and your staff understand *Premier* Access Insurance Company's dental benefit programs and the responsibilities of both *Premier* Access Insurance Company and the provider as it relates to services provided to members. One of our primary goals in preparing this Dentist Handbook was to keep the information brief and simple.

I would like to thank you for participating in *Premier* Access Insurance Company's provider network and encourage you to use this Dentist Handbook as part of your office operations when treating *Premier* Access Insurance Company's members.

Sincerely,

A handwritten signature in black ink, appearing to read 'Reza Abbaszadeh'.

Reza Abbaszadeh, DDS

President and Chief Executive Officer



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

Important Contacts

Questions Can Be Answered By:
Premier Provider Relations Department
1-800-640-4466

Submit Claims To:
Premier Access Insurance Company
Claims Department
P.O. Box 659010
Sacramento, CA 95865-9010

You may visit our web site at www.premierppo.com

TABLE OF CONTENTS

<i>TIPS</i>	1
<i>REQUIRED DOCUMENTATION</i>	2
<i>DIAGNOSTIC PROCEDURES (D0120 - D0999)</i>	3
<i>PREVENTIVE PROCEDURES (D1000 - D1999)</i>	6
<i>RESTORATIVE PROCEDURES (D2000 – D2999)</i>	8
<i>ENDODONTIC PROCEDURES (D3000 – D3999)</i>	14
<i>PERIODONTIC PROCEDURES (D4000 – D4999)</i>	17
<i>PROSTHODONTIC PROCEDURES (D5000 – D5899)</i>	22
<i>MAXILLOFACIAL PROSTHETIC PROCEDURES (D5900 – D5999)</i>	27
<i>IMPLANT SERVICE PROCEDURES (D6000 – D6199)</i>	28
<i>PROSTHODONTICS, FIXED (D6200 – D6999)</i>	29
<i>ORAL AND MAXILLOFACIAL SURGERY (D7000 - D7999)</i>	34
<i>ORTHODONTICS (D8000 – D8999)</i>	42
<i>ADJUNCTIVE GENERAL SERVICES (D9000 – D9999)</i>	44



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

IMPORTANT NOTE

The coding and nomenclature listed in this manual is to be considered definitive. The code you select to report treatment should, in all respects, accurately reflect the procedure actually performed. It is fraud to misrepresent treatment on a paper or electronic claim by entering a code which does not accurately represent the procedure actually provided.

TIPS

1. The fact that a dental procedure appears in this manual does not mean that it is covered by an eligible patient's Premier group program. Please refer to the patient's Certificate of Insurance for detailed coverage information, including exclusions and limitations.
2. Coverage of pedodontic care is limited to children 14 years of age and younger.
3. If you report treatment with a code number which is not listed in this section, Premier will select the closest Premier code, based on the description of service on the claim form.
4. Written notice of a claim must be given to Premier within 30 days after the occurrence or commencement of any covered service or supply, or as soon thereafter as reasonably possible, but no later than 180 days from the date of service. Claims submitted more than 180 days after the date of service will not be considered for payment.



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

REQUIRED DOCUMENTATION

Determining What Types of Documentation to Submit:

If you're unsure whether your claim should be submitted with x-rays or charting, look for the following symbols in this handbook.

- P** Complete periodontal charting, including pocket depths, mobility, furcation involvements, missing teeth, gingival recession and mucogingival defects must be submitted with claim.
- X** Pre-operative x-ray documentation (mounted) must be submitted with claim.
- XX** Pre-operative and post-operative x-ray documentation (mounted) must be submitted with claim.

A summary of the documentation requirements is shown to the right. On occasion, a Premier Dental Consultant may deem it necessary, given the circumstances of a particular case, to request x-rays for procedures that are not on this list.

RESTORATIVE

- X D1510-D1525** Space maintainer-fixed unilateral and bilateral, removable unilateral and bilateral
- X D2335** Resin – four or more surfaces or involving incisal (anterior)
- X D2510-D2652** Inlays/onlays – metallic, porcelain/ceramic; composite/resin
- X D2710-D2810** Crowns – resin; cast
- X D2960-D2962** Labial veneers

ENDODONTICS

- XX D3000-D3999** Root canals

PERIODONTICS

- P D4210-D4222** Gingivectomy or gingivoplasty
- PX D4240** Gingival flap procedure, including root planing – per quadrant
- PX D4241** Gingival flap procedure, including root planing – one to three teeth
- X D4249** Clinical crown lengthening – hard tissue
- PX D4260** Osseous surgery – per quadrant
- PX D4261** Osseous surgery – one to three teeth in a quadrant
- P D4270** Pedicle soft tissue graft procedure
- PX D4341** Periodontal root planing – per quadrant
- PX D4342** Periodontal root planing – one to three teeth in a quadrant

PROSTHODONTICS, FIXED

- X D6545** Retainer – cast metal for resin bonded fixed prosthesis
- X D6750-D6792** Bridge retainers – crowns

ORAL SURGERY

- X D7210-D7250** Surgical removal of erupted/impacted tooth, tooth roots
- X D7260-D7281** Other surgical procedures
- X D7450-D7461** Removal of odontogenic/nonodontogenic cyst or tumor
- X D7471-D7490** Excision of bone tissue
- X D7540** Removal of foreign bodies – musculoskeletal system
- X D7550** Sequestrectomy for osteomyelitis
- X D7560** Maxillary sinusotomy
- X D7610-D7680** Simple fractures
- X D7710-D7780** Compound fractures
- X D7940-D7949** Osteoplasty/osteotomy/LeFort I, II and III
- X D7971** Excision of pericoronal gingiva
- X D7980-D7981** Sialolithotomy/excision of salivary gland

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

DIAGNOSTIC PROCEDURES (D0120 - D0999)

Guidelines

ORAL EXAMINATIONS – GENERAL GUIDELINES

1. The purpose of any patient assessment that may include gathering of information through interview, observation and examination is to formulate a proper diagnosis and treatment plan. No distinctions are made between disciplines.

PROCEDURE D0120

Periodic oral evaluation.

PROCEDURE D0140

Limited oral evaluation-problem focused.

1. This procedure is an evaluation or re-evaluation limited to a specific oral health problem.

2. Limited oral exams (emergency oral exams), considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the visit.

PROCEDURE D0145

Oral evaluation for a patient under three years of age and counseling with primary caregiver.

PROCEDURE D0150

Comprehensive oral evaluation-new or established patient.

1. Premier considers comprehensive oral evaluation to apply to the dentist's/dental office's first encounter with a new patient. Subsequent submissions of D0150 will be considered to be the equivalent of procedure D0120, periodic oral evaluations.

PROCEDURE D0170

Re-evaluation-limited, problem focused (established patient; not post-operative visit.

PROCEDURE D0180

Comprehensive periodontal evaluation-new or established patient.

RADIOGRAPHS – GENERAL GUIDELINES

1. Page 3 of this handbook identifies each procedure for which pre-operative x-ray documentation is requested (procedures requiring submission of x-rays are marked with an **X**).

2. In general, you should submit pre-operative x-rays, of diagnostic quality, for review by Premier's consultant staff for the procedures marked in that manner. Occasionally a consultant will request submission of other films to clarify a specific case.

3. Film procedures include examination and diagnosis.

4. The accepted fee for a complete intraoral series (D0210) is the maximum amount payable for any combination of intraoral x-rays performed in a single treatment series.

5. X-rays should be mounted and secured to the Attending Dentist's Statement. The patient's name and dentist's license number should be indicated on the mounting.

6. X-ray films will not be returned to the dental office, unless specifically requested at the time of submission. The dental office should maintain a copy of the x-ray films in the original patient record. Premier is not responsible for lost x-ray films. If you are returning a notice of prior-authorization to Premier for payment, you do not need to re-submit the x-rays unless you have made changes to, or additions to, the treatment plan.

7. Please do not send films to Premier separately from a treatment form except:

a. when specifically requested by a Premier consultant; or

b. when you are asking for reevaluation. If you forget to enclose x-rays when you submit the attending Dentist's Statement, please wait for Premier to request them.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D0210

Intraoral – complete series (including bitewings).

1. This service is limited in most Premier programs to one complete series in a five-year period.
2. A complete series consists of a set of intraoral radiographs usually consisting of 14 to 22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas, and alveolar bone.
3. A panoramic film taken in conjunction with a complete intraoral series is not a separate benefit.

PROCEDURE D0220

Intraoral – periapical — first film.

PROCEDURE D0230

Intraoral – periapical – each additional film.

PROCEDURE D0240

Intraoral – occlusal film.

PROCEDURE D0250

Extraoral – first film.

PROCEDURE D0260

Extraoral – each additional film.

PROCEDURE D0270

Bitewings – single film.

PROCEDURE D0272

Bitewings – two films.

PROCEDURE D0273

Bitewings –three films.

PROCEDURE D0274

Bitewings – four films.

PROCEDURE D0277

Vertical bitewings - 7 to 8 films.

PROCEDURE D0330

Panoramic film.

1. A panoramic film taken in conjunction with a complete intraoral series is not a separate benefit.

ORAL PATHOLOGY LABORATORY

PROCEDURE D0472

Accession of tissue, gross examination, preparation and transmission of written report.

1. Please attach the laboratory report to the claim.

PROCEDURE D0473

Accession of tissue, gross and microscopic examination, preparation and transmission of written report.

1. Please attach the laboratory report to the claim.

PROCEDURE D0474

Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

1. Please attach the laboratory report to the claim.

PROCEDURE D0475

Decalcification procedure.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0476

Special stains for microorganisms.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0477

Special stains, not for microorganisms.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D0478

Immunohistochemical stains.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0479

Tissue in-situ hybridization, including interpretation.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0481

Electron microscopy — diagnostic.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0482

Direct immunofluorescence.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0483

Indirect immunofluorescence.

1. Premier considers this procedure to be inclusive of other pathology reports and procedure (D0502).

PROCEDURE D0484

Consultation on slides prepared elsewhere.

1. When this procedure is reported, Premier will base the allowance on D9310. The eligible patient can not be balance billed.

PROCEDURE D0485

Consultation, including preparation of slides from biopsy material supplied by referring source.

1. Please submit a copy of the pathology report.
2. When procedure D0485 is reported, Premier's consultant staff will determine the allowance by determining whether gross examination, gross and microscopic examination, or gross and microscopic examination including the assessment of surgical margins was performed in evaluation of the tissue sample.

PROCEDURE D0502

Other oral pathology procedures, by report.

1. Please provide a detailed description of the procedure or procedures performed.

PROCEDURE D0999

Unspecified diagnostic procedure, by report.

1. Please enter a complete description of services on the Attending Dentist's Statement.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PREVENTIVE PROCEDURES (D1000 - D1999)

Guidelines

PROPHYLAXIS AND FLUORIDE TREATMENT - GENERAL GUIDELINES

1. Benefits are limited to one prophylaxis, periodontal maintenance, or full mouth debridement and/or fluoride treatment in a 6-month period in most Premier programs. Some group purchasers have contracted for different limitations. Additional treatments are the patient's responsibility.

2. The use of fluoride or other medicaments for desensitization should be listed on the Attending Dentist's Statement as procedure D9910. The use for microbial control should be listed as procedure D1999. The use for home care should also be listed as procedure D1999. These procedures are not benefits of Premier programs, and any fees are the patient's responsibility.

3. When Prophylaxis and Fluoride treatment are completed on the same date of service, payment will be combined to allow for the maximum benefit under the policy.

DENTAL PROPHYLAXIS

Removal of plaque, calculus and stains from the tooth structure. It is intended to control irritational factors.

PROCEDURE D1110

Prophylaxis - adult.

PROCEDURE D1120

Prophylaxis- child to age 14.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

PROCEDURE D1203

Topical application of fluoride (excluding prophylaxis) - child to age 14.

PROCEDURE D1204

Topical application of fluoride (excluding prophylaxis) - adult.

PROCEDURE D1206

Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

OTHER PREVENTIVE SERVICES

PROCEDURE D1351

Sealant – per tooth.

1. Pit and fissure sealants are benefits of most Premier programs.

2. When sealants are covered, they are payable as Basic benefits. Programs that include sealants generally limit the benefit to permanent, non-carious, unrestored first and second molars to age 14. If otherwise provided, the patient is responsible for the fee.

3. Please enter the tooth number, surface and a separate fee for each sealant provided on individual lines of the Attending Dentist's Statement.

4. The provision of sealants under a Premier program includes any reapplication within a three year period.

PROCEDURE D1352

Preventive resin restoration

1. This procedure is for conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

2. When preventive resin restorations are covered, they are payable as Basic benefits. Programs that include preventive resin restorations, generally limit the benefit to permanent, non-carious, unrestored first and second molars to age 14. If otherwise provided, the patient is responsible for the fee.

3. Please enter the tooth number and surface.

4. The provision of preventive resin restoration under a Premier program includes any reapplication within a three year period, including application or reapplication of sealants.

5. Not a benefit in conjunction with other restorative treatments.

SPACE MAINTENANCE (PASSIVE APPLIANCES)

PROCEDURE D1510 - X

Space maintainer – fixed unilateral.

1. When space maintainers are covered, they are payable as basic benefits.

2. Please indicate the space being maintained by identifying the quadrant in the column marked "tooth number" with an abbreviation (UR, UL, LR, LL).

PROCEDURE D1515 - X

Space maintainer – fixed bilateral.

1. When space maintainers are covered, they are payable as basic benefits.

2. Please indicate the spaces being maintained by identifying the arch in the "tooth number" column with an abbreviation (U or L).

PROCEDURE D1520 - X

Space maintainer – removable unilateral.

1. Benefit only when the group program includes orthodontic coverage.

2. Please indicate the location of the space being maintained by identifying the quadrant in the "tooth number" column with an abbreviation (UR, UL, LR, LL).

PROCEDURE D1525 - X

Space maintainer – removable bilateral.

1. Benefit only when the group program includes orthodontic coverage.

2. Please indicate the spaces being maintained by identifying the arch in the "tooth number" column with an abbreviation (U or L).

PROCEDURE D1999

Unspecified preventive procedure, by report.

1. Please enter a complete description of the service and clinical reason on the Attending Dentist's Statement.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

RESTORATIVE PROCEDURES (D2000 – D2999)

Guidelines

RESTORATIVE – GENERAL GUIDELINES

1. When the restoration is of amalgam or resin, the tooth surface(s) must be identified on the Attending Dentist's Statement in the column marked "surfaces." Please use the following abbreviations:

B	buccal
D	distal
F	facial or labial
I	incisal
L	lingual
M	mesial
O	occlusal

2. Multiple fillings performed on the same day on the same tooth surface will be combined into 1 surface (e.g. MO and DO = MOD).

3. Restorations which are provided because of *attrition, abrasion, erosion, wear*, or for *cosmetic* purposes are the financial responsibility of the patient under most programs.

4. Verified mercury allergies are a benefit. The removal of amalgam and replacement with resin will be covered with the proper documentation. Allowance for resins will be based on the amalgam allowance.

5. Replacement of amalgam or resin restorations in less than 12 months for patients up to age 19 and 36 months for patients 19 and over by the same dentist or by a

dentist at the same location is not chargeable to Premier or to the patient except in extraordinary circumstances involving external violent and accidental means, recurrent caries or radiation therapy.

6. Fees for restorations include direct pulp capping (see procedure D3110 for additional information) and any material placed in a tooth as a base (or construed to be a base). A separate allowance for indirect pulp capping is made for exposure or near exposure of the pulp, and only in the circumstances described in the explanation of procedure D3120.

7. Occlusal correction is considered to be inclusive of the restorative procedure.

8. The term "anterior" refers to the incisors and cuspids. "Posterior" refers to bicuspid and molars.

AMALGAM RESTORATIONS (INCLUDING POLISHING)

PROCEDURE D2140

Amalgam — one surface, primary or permanent.

PROCEDURE D2150

Amalgam — two surfaces, primary or permanent.

PROCEDURE D2160

Amalgam — three surfaces, primary or permanent.

PROCEDURE D2161

Amalgam — four or more surfaces, primary or permanent.

RESIN BASED COMPOSITE RESTORATIONS

PROCEDURE D2330

Resin-based composite — one surface, anterior.

1. This procedure involves a single restoration on anterior teeth, which does not involve the incisal angle. For resin restorations on posterior teeth, please see procedures D2391 through D2394.

2. Proximal restorations in anterior teeth which do not involve the incisal angle (a DL restoration, for example) are considered single surface restorations. If the incisal angle is involved, see procedure D2335.

3. Two separate restorations, such as a facial and lingual restorations on the same tooth, on the same date of service will be considered as one restoration with two or more surfaces.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

4. The fee is considered to include all materials or techniques associated with placing the restoration.

PROCEDURE D2331

Resin-based composite — two surfaces, anterior.

1. This procedure involves a single restoration on anterior teeth, which does not involve the incisal angle. For resin restorations on posterior teeth, please see procedures D2391 through D2394.

2. Proximal restorations in anterior teeth which do not involve the incisal angle (a DL restoration, for example) are considered single surface restorations. If the incisal angle is involved, see procedure D2335.

3. Two separate restorations, such as a facial and lingual restorations on the same tooth, on the same date of service will be considered as one restoration with two or more surfaces.

4. The fee is considered to include all materials or techniques associated with placing the restoration.

PROCEDURE D2332

Resin-based composite — three surfaces, anterior.

1. This procedure involves a single restoration on anterior teeth, which does not involve the incisal angle. For resin restorations on posterior teeth, please see procedures D2391 through D2394.

2. Proximal restorations in anterior teeth which do not involve the incisal angle (a DL restoration, for example) are considered single surface restorations. If the incisal angle is involved, see procedure D2335.

3. Two separate restorations, such as a facial and lingual restorations on the same tooth, on the same date of service will be considered as one restoration with two or more surfaces.

4. The fee is considered to include all materials or techniques associated with placing the restoration.

PROCEDURE D2335 - X

Resin-based composite — four or more surfaces or involving incisal angle (anterior).

1. This is a class IV restoration. The restoration replaces one or both incisal angles of an anterior tooth. When the incisal angle is not involved, use procedure D2330.

2. The fee is considered to include all materials or techniques associated with placing the restoration.

PROCEDURE D2390 - X

Resin-based composite crown anterior.

PROCEDURE D2391

Resin-based composite — one surface, posterior.

PROCEDURE D2392

Resin based composite — two surfaces, posterior.

PROCEDURE D2393

Resin-based composite — three surfaces, posterior.

PROCEDURE D2394

Resin-based composite — four or more surfaces, posterior.

INLAYS, ONLAYS, CROWNS – GENERAL GUIDELINES

1. A crown is a benefit when at least four or more surfaces of the teeth have defects and at least one cusp is undermined (In case of anterior teeth, the incisal angle must be undermined).

2. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

3. Prior authorization is required for all cast restorations.

4. Crowns, jackets and cast inlays and onlays are a benefit once in a five-year period for patients 16 years of age or older in most Premier programs.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

5. Crowns on anterior teeth are not a benefit for children under 16 years of age. Premier may make an allowance for a prefabricated crown.

6. Premier considers the following inclusive: occlusal adjustment, temporaries, pulp caps / bases, build-ups, and gingivectomy / gingivoplasty.

7. A cast restoration is only a benefit when the tooth cannot be restored with an amalgam or resin restoration. If the tooth can be restored with an amalgam or resin restoration any cast restoration is optional. Premier will make an allowance for the corresponding amalgam or resin restoration.

8. Restorations which are provided because of *attrition, abrasion, erosion, wear* or for *cosmetic* purposes are considered optional services, and are the financial responsibility of the patient.

9. Provision of crowns includes any recementation or repair by the same dental office within twelve months.

10. Premier has adopted the system of classification and nomenclature for cast restorations set forth by the American Dental Association. The "noble metal" classification system permits a precise method of reporting various alloys used in fabricating the cast restoration, based on the percentage by weight of metals from the gold (Au) and platinum (Pt) groups.

11. In the "date service performed" column of the Attending Dentist's Statement, indicate the date the crown, jacket or cast inlay was permanently cemented. Impression dates should not be indicated unless specifically requested by Premier.

INLAY / ONLAY RESTORATIONS

PROCEDURE D2510 - X

Inlay – metallic – once surface.

1. Premier programs provide for amalgam restorations for treatment of caries if the tooth can be restored with such material. In such cases a metallic inlay is considered optional, and the fee is the responsibility of the patient. Premier may make an allowance for an amalgam restoration.

PROCEDURE D2520 - X

Inlay – metallic – two surfaces.

1. See procedure D2510, item 2.
2. Porcelain/ceramic inlays and onlays are not a benefit of most Premier programs. Premier may make an allowance toward their cost based on the cost for the corresponding amalgam restoration or metallic inlay or onlay, and the patient is responsible for the remainder of the fee.

PROCEDURE D2530 - X

Inlay – metallic – three or more surfaces.

1. This procedure is considered to involve the restoration of three or more surfaces.
2. See procedure D2510, item 2.

PROCEDURE D2542 - X

Onlay - metallic - two surfaces.

PROCEDURE D2543 - X

Onlay - metallic - three surfaces.

PROCEDURE D2544 - X

Onlay - metallic - four or more surfaces.

CROWNS – SINGLE RESTORATION ONLY

(See general guidelines for inlays, onlays and crowns, page 19.)

PROCEDURE D2710 - X

Crown – resin (laboratory).

1. Inclusive of the fee for the completed restoration when used as a temporary.
2. "Plastic" or "polycarbonate" crowns of a permanent nature, routinely used for a child's fractured anterior tooth, should be indicated as procedure D2932.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D2712 - X

Crown—3/4 resin-based composite (indirect).

1. Please see the guidelines for procedure D2710.

PROCEDURE D2720 - X

Crown — resin with high noble metal.

PROCEDURE D2721 - X

Crown — resin with predominantly base metal.

PROCEDURE D2722 - X

Crown — resin with noble metal.

PROCEDURE D2740 - X

Crown — porcelain/ceramic substrate.

PROCEDURE D2750 - X

Crown — porcelain fused to high noble metal.

1. Procedure D2750 is for a single restoration only. Please use procedure D6750 if the crown is part of a fixed prosthetic appliance.

2. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

PROCEDURE D2751 - X

Crown — porcelain fused to predominantly base metal.

1. Procedure D2751 is for a single restoration only. Please use procedure D6751 if the crown is part of a fixed prosthetic appliance.

PROCEDURE D2752 - X

Crown — porcelain fused to noble metal.

1. Procedure D2752 is for a single restoration only. Please use procedure D6752 if the crown is part of a fixed prosthetic appliance.

2. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

PROCEDURE D2780 - X

Crown — 3/4 cast high noble metal.

1. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

PROCEDURE D2781 - X

Crown — 3/4 cast predominantly base metal.

PROCEDURE D2782 - X

Crown — 3/4 cast noble metal.

1. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

PROCEDURE D2783 - X

Crown — 3/4 porcelain/ceramic.

PROCEDURE D2790 - X

Crown — full cast high noble metal.

1. Procedure D2790 is for a single restoration only. Please use procedure D6790 if the crown is part of a fixed prosthetic appliance.

2. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

PROCEDURE D2791 - X

Crown — full cast predominantly base metal.

1. Procedure D2791 is for a single restoration only. Please use procedure D6791 if the crown is part of a fixed prosthetic appliance.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D2792 - X

Crown — full cast noble metal.

1. Procedure D2792 is for a single restoration only. Please use procedure D6792 if the crown is part of a fixed prosthetic appliance.
2. Premier programs provide for the maximum allowance for base metal crowns. The fee for precious metal is the patient's responsibility.

OTHER RESTORATIVE SERVICES

PROCEDURE D2910

Recement inlay.

1. Please indicate the tooth number on the Attending Dentist's Statement.
2. Premier considers fees for recementation to be included in the cost of covered restorations for 12 months following initial placement. During this period, a separate fee for recementation is not chargeable.

PROCEDURE D2915 - X

Recement cast or prefabricated post and core.

1. Please indicate the tooth number on the Attending Dentist's Statement.
2. When D2915 is reported in conjunction with D2920 (Recement crown), Premier considers D2915 to be part of, and included in the fee for, D2920.

3. Premier considers fees for recementation to be included in the cost of covered restorations for 12 months following initial placement. During this period, a separate fee for recementation is not chargeable.

PROCEDURE D2920

Recement crown.

1. Please indicate the tooth number on the Attending Dentist's Statement.
2. Premier considers fees for recementation to be included in the cost of covered restorations for 12 months following initial placement. During this period, a separate fee for recementation is not chargeable.

PROCEDURE D2930

Prefabricated stainless steel crown - primary tooth.

1. There is a 3 year limitation on replacement of a prefabricated stainless steel crown by the same dentist/dental office.

PROCEDURE D2931

Prefabricated stainless steel crown - permanent tooth.

1. Under Premier's processing policies; this procedure is not a covered benefit for members age 19 years old and over. Allowance may be made for the corresponding amalgam (4 surfaces or more).

PROCEDURE D2932

Prefabricated resin crown.

1. When a resin crown is used as a temporary restoration while the final restoration is being fabricated, it is considered in the fee for the completed restoration.
2. When resin crowns are provided on children, "plastic" or "polycarbonate" crowns of a permanent nature, routinely used for a fractured anterior tooth until a porcelain or other permanent restoration can be placed, should be indicated as procedure D2932.

PROCEDURE D2950

Core buildup, including any pins.

1. A build up under a crown is not a benefit. It is included in the fee for the crown.

PROCEDURE D2951

Pin retention - per tooth, in addition to restoration.

1. This procedure is for pin retention, per tooth, when necessary and when the final restoration is amalgam or resin.
2. Please indicate the tooth number and the fee on the Attending Dentist's Statement on a separate line from the amalgam or resin restoration.
3. The fee is considered to apply per tooth, regardless of the number of pins placed.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D2952

Cast post and core in addition to crown.

1. This procedure code applies to an individually fitted and custom cast post (including a core and coping) that is necessary for placement for endodontically treated tooth requiring a crown.
2. When the post is prefabricated, use procedure D2954.
3. As defined, the fee includes the post and any core (buildup/substructure).
4. Premier allows for one cast post and core per tooth. A separate fee is not chargeable to the patient.

PROCEDURE D2954

Prefabricated post and core in addition to crown.

1. This procedure applies to commercial preformed post of any material or shape for placement into the endodontically treated canal for support.
2. As defined, the fee includes the post and any core (buildup/substructure).

PROCEDURE D2960 - X

Labial veneer (laminare) - chairside.

1. Indicate the surface(s) restored.

2. The in-office application of a dental laminate with direct materials is a benefit only on permanent, anterior teeth, and is considered to be a Basic procedure, subject to all of the same limitations and exclusions as other anterior restorations.
3. Premier may make an allowance for the corresponding one surface resin restoration.
4. Prior-authorization is required.

PROCEDURE D2962 - X

Labial veneer (porcelain laminate) - laboratory.

1. Laminate / partial crowns are benefits only on permanent, anterior teeth, subject to all of the limitations and exclusions for crowns (see Crowns - General Guidelines). When provided for cosmetic purposes or to restore structure loss from wear, attrition or erosion; they are considered optional treatment. The fee is the patient's responsibility.
2. Laminate / partial crowns are not benefits as abutments of acid-etch retained bridges.
3. Prior-authorization is required.

PROCEDURE D2980

Crown repair, by report.

1. Please write a report on the Attending Dentist's Statement of the nature of the repair. The allowance will be determined after evaluation by the Premier consultant staff.

PROCEDURE D2999

Unspecified restorative procedure, by report.

1. Please enter a complete description of service and clinical reason on the Attending Dentist's Statement.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

ENDODONTIC PROCEDURES (D3000 – D3999)

Guidelines

PULP CAPPING

PROCEDURE D3110

Pulp cap - direct (excluding final restoration).

1. Direct pulp capping is considered to be part of, and included in the fee for, the restoration.
2. Cement bases are included in the fee for restorations.

PROCEDURE D3120

Pulp cap - indirect (excluding final restoration).

1. All applications of indirect pulp capping are considered part of, and included in the fee for, the restoration.

PULPOTOMY

PROCEDURE D3220

Therapeutic pulpotomy (excluding final restoration).

1. This procedure is considered part of, and included in the fee for the complete endodontic treatment.
2. This is not a benefit for adults. If no other treatment is provided, this is payable as procedure D9110.

3. This procedure is covered only when no other services are provided on the same date of service, except x-rays. This procedure is payable as Palliative treatment, procedure D9110.

PROCEDURE D3221

Pupal debridement , primary and permanent teeth.

1. This procedure is considered part of, and included in the fee for, the complete endodontic treatment.
2. This is not a benefit for adults. If no other treatment is provided, this is payable as procedure D9110.
3. This procedure is covered only when no other services are provided on the same date of service, except x-rays. This procedure is payable as Palliative treatment, procedure D9110.

ENDODONTIC THERAPY ON PRIMARY TEETH

PROCEDURE D3230

Pupal therapy (resorbable filling) -anterior, primary tooth (excluding final restoration.)

PROCEDURE D3240

Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).

ROOT CANAL THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)

ROOT CANAL THERAPY- GENERAL GUIDELINES

1. Test films taken as part of root canal therapy are considered part of, and included in the fee for, the complete endodontic procedure.
2. The initial opening into the canal and routine post-operative visits are considered part of, and included in the fee for, complete endodontic treatment.
3. In the date of service column of the Attending Dentist's Statement, please indicate the date that the endodontic treatment was completed. Incomplete endodontic treatment is not a benefit of Premier programs.
4. A final x-ray must be submitted with the claim to determine benefits. A Pre-operative periapical film and a Post-operative periapical film are required to determine benefits for Re-treatment of root canal therapy.
5. Premier and the patient are not responsible for payment toward unacceptable root canal procedures.
6. An acceptable root canal treatment is one that the final film indicates a dense filling of the apical 1/3 within 1.5 mm of the apex of each root.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

7. When root canal is performed on a primary tooth, it will be reviewed by a Premier Consultant to determine allowance; generally it will be paid as a pulpotomy.

8. Endodontic re-treatment by the same dentist/dental office within 24 months is included in the cost off the initial root canal.

9. Root canal procedures due to the fabrication of over dentures are the patient's financial responsibility.

PROCEDURE D3310 - XX

Root canal therapy - anterior (excluding final restoration).

PROCEDURE D3320 - XX

Root canal therapy - bicuspid (excluding final restoration).

PROCEDURE D3330 - XX

Root canal therapy - molar (excluding final restoration).

PROCEDURE D3331

Treatment of root canal obstruction; non-surgical access.

1. Please describe the nature and duration of the treatment.

PROCEDURE D3332

Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.

1. Premier considers procedure D3332 to be the equivalent of procedure D9110. Claims for additional allowances due to extraordinary circumstances will be individually evaluated by Premier's consultant staff. The consultant will base his or her determination on the documentation submitted with the claim.

PROCEDURE D3333 - XX

Internal root repair of perforation defects.

1. Premier considers procedure D3333 to be the equivalent of procedure D3351.

ENDODONTIC RETREATMENT

PROCEDURE D3346 - XX

Retreatment of previous root canal therapy - anterior.

PROCEDURE D3347 - XX

Retreatment of previous root canal therapy - bicuspid.

PROCEDURE D3348 - XX

Retreatment of previous root canal therapy - molar.

**APEXIFICATION/
RECALCIFICATION
PROCEDURES**

PROCEDURE D3351 - X

Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection, etc.).

1. This procedure includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs.

2. This procedure may include first phase of complete root canal therapy.

PROCEDURE D3352

Apexification/recalcification/pulpal regeneration – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection, etc.).

1. This Procedure is for visits in which the intra-canal medication is replaced with new medication and necessary radiographs.

PROCEDURE D3353 - XX

Apexification / recalcification - final visit (includes completed root canal therapy - apical closure / calcific repair of perforations, root resorption, etc.)

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D3354 - XX

Pulpal regeneration- (completion of regenerative treatment in an immature permanent tooth with necrotic pulp); does not include final restoration.

1. This procedure includes removal of intra-canal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system.
2. Requires completion of regenerative treatment of immature permanent tooth.
3. Submission of diagnostic radiographs.
4. When pulpal regenerations are covered, they are benefit once in lifetime.
5. Not a benefit in conjunction with D3351, D3352 and D3353.

**APICOECTOMY/
PERIRADICULAR
SERVICES**

PROCEDURE D3410 - XX

Apicoectomy/periradicular surgery - anterior.

1. This service is defined as the excision of the apical portion of the root of a previously endodontically treated anterior tooth to remove diseased periapical tissue.

2. This service is considered part of, and included in the fee for, osseous surgery (procedure D4260).

3. For retrograde filling, see procedure D3430.

PROCEDURE D3421 - XX

Apicoectomy/periradicular surgery - bicuspid (first root).

1. This service is defined as the excision of the apical portion of the root of a previously endodontically treated bicuspid to remove diseased periapical tissue.

2. This service is considered part of, and included in the fee for, osseous surgery (procedure D4260).

3. For retrograde filling, see procedure D3430.

4. For additional roots, see procedure D3426.

PROCEDURE D3425 - XX

Apicoectomy/periradicular surgery - molar (first root).

1. This services is defined as the excision of the apical portion of the root of a previously endodontically treated molar to remove diseased periapical tissue.

2. This service is considered part of, and included in the fee for, osseous surgery (procedure D4260).

3. For retrograde filling, see procedure D3430.

4. For additional roots, see procedure D3426.

PROCEDURE D3426 - XX

Apicoectomy/periradicular surgery (each additional root).

PROCEDURE D3430 - XX

Retrograde filling - per root, in addition to Apicoectomy/periradicular surgery.

PROCEDURE D3450 - XX

Root amputation - per root.

1. This service is considered part of, and included in the fee for, osseous surgery (procedure D4260).

PROCEDURE D3460 - X

Endodontic endosseous implant.

1. Procedure D3460 describes a smooth and/or threaded pin implant which extends through the root canal into periapical bone to stabilize a mobile tooth.

2. **Authorization is required.** Premier will not pay for implant procedures which are provided without obtaining the required authorization.

3. See "Implants - general guidelines" in this section of the handbook.

4. Implants are not benefits of most Premier programs.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PERIODONTIC PROCEDURES (D4000 – D4999)

Periodontics - General Guidelines

1. Premier's periodontal reporting guidelines are designed to assist you in submitting cases and in understanding the periodontal benefits available in most Premier programs. These reporting guidelines require that cases be identified by periodontal charting. For each specific treatment, procedures are generally payable and contractual limitations apply.
2. Proper documentation is especially important in the case of periodontal services. Please review the recommended documentation which is presented in the following pages under each procedure code.
3. Site is defined as up to two adjacent teeth with contiguous tissue for guided tissue regeneration, soft tissue gingival grafts, and crown lengthening.
4. Periodontal services are available only when performed on natural teeth for treatment of periodontal disease with the exception of clinical crown lengthening. When used in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. the fee is the patient's responsibility.
5. Preauthorization is recommended.
6. Periodontal procedures performed for cosmetic reasons are the patient's responsibility.

SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)

1. Surgical services include 3 months of post-operative care and surgical re-entry for 3 years.

PROCEDURE D4210 - PX

Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.

1. These surgical procedures are directed at correction of the soft tissue around the tooth. Gingivectomy is the excision of the soft tissue wall of the periodontal pocket when the pocket is uncomplicated by extension into the underlying bone. Gingivoplasty is the procedure by which gingival deformities (particularly enlargements) are reshaped and reduced to create normal and functional form. Procedure D4210 is considered to include any frenectomy performed in the same area on the same case.
2. Root planing is considered to be included in the fee for the surgery if not performed at least 4 weeks before surgery.
3. **Please submit complete periodontal charting.** Requires at least 6 mm pockets, and early bone loss. 5mm pockets may be considered in conjunction with 6 mm or more pockets in the same quadrant. Use the tooth chart on the Attending Dentist's Statement to indicate missing teeth, circling the surgical area(s).

4. Gingivectomy provided in association with the preparation of a crown or other restoration is included in the fee for the restoration.

PROCEDURE D4211 - PX

Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.

1. **Please submit complete periodontal charting.**
2. Please see the guidelines for procedure D4210 for guidelines.

PROCEDURE D4240 - PX

Gingival flap procedure, including root planing-per quadrant - four or more contiguous teeth or bounded teeth spaces per quadrant.

1. **Please submit complete periodontal charting.** Requires at least 5 to 6 mm pockets, and early bone loss.
2. The gingival flap procedure facilitates access via resection and retraction of a soft tissue flap. When different periodontal surgical procedures are provided in any 36-month period in the same quadrant, the total approved (benefits) will be based upon the full quadrant fee for the "most inclusive procedure."
3. Procedure D4240 is considered to include any frenectomy performed in the same area on the same date.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

4. Procedure D4240 cannot be billed on the same date as procedures D1110, procedure D4341, or procedure D4910.

5. Since surgical re-entry is included for three years, procedure D4240 would generally not be used preceding or following other periodontal surgical procedures on the same teeth.

6. By definition, procedure D4240 includes root planing and therefore would not precede non-surgical root planing, per quadrant.

7. Periodontal root planing usually would not be performed until 36 months after surgery in the same area.

PROCEDURE D4241 - PX

Gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant.

1. Please see the guidelines for procedure D4240.

PROCEDURE D4249 - X

Clinical crown lengthening — hard tissue.

1. **Please submit a narrative report.** Indicate the tooth or teeth involved. The allowance will be determined following review by the Premier consultant staff.

2. This procedure is carried out to expose sound tooth structure, facilitating restorative procedures. It usually includes both soft and hard tissue removal.

3. Preparation involving only soft tissue prior to placing a crown or other restoration is considered to be included in the fee for the restoration.

4. Crown lengthening for cosmetic purposes or to correct congenital or developmental defects is not a benefit of Premier programs. The fee is the patient's responsibility.

5. When performed in conjunction with other osseous periodontal surgery, crown lengthening is considered part of, and included in the fee for, the more inclusive surgery.

6. Allowances for this procedure are made by site. Please see the definition of "site" at the beginning of this periodontal section.

PROCEDURE D4260 - PX

Osseous surgery (including flap entry and closure) — four or more contiguous teeth or bounded teeth spaces per quadrant.

1. **Please submit complete periodontal charting.** Requires complete periodontal charting which indicate pockets in the range of 6 mm and above, and moderate to severe bone loss.

2. The purpose of this periodontal surgery is to gain access to clean the roots of the teeth and to eliminate the pockets by means of eradication or new attachment. The implication in this procedure is that having made a flap entry, the dentist will complete all procedures necessary to achieve that purpose. Therefore, any osseous contouring, including re-

moval of exostosis, hemi-sections, extractions, root amputations, frenectomy, and root planing are considered and included procedures under code D4260. If there is a combination of procedures in one quadrant (e.g. buccal flap procedure, gingivectomy on lingual surfaces), then the most inclusive procedure D4260 is listed.

3. When the interval between root planing and osseous surgery is less than four weeks, the root planing is considered to be included in the fee for the surgery.

PROCEDURE D4261 - PX

Osseous surgery (including flap entry and closure) — one to three teeth in a quadrant.

1. Please see the guidelines for procedure D4260.

PROCEDURE D4263 - PX

Bone replacement graft — first site in quadrant.

1. **Please submit periodontal charting.** Requires the submission of periodontal charting which indicates 6 mm and above pockets, moderate to severe bone loss, and vertical osseous defects.

2. Premier's allowances for procedures D4263 and D4264 are determined by site with a maximum of two sites per quadrant. Please see the

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

definition of "site" at the beginning of this periodontal section.

3. Please indicate the site by tooth number(s) and tooth surface(s) on the Attending Dentist's Statement.

PROCEDURE D4264 - PX

Bone replacement graft — additional site in the quadrant.

See procedure D4263.

PROCEDURE D4266 - PX

Guided tissue regeneration — resorbable barrier, per site.

1. Please refer to the guidelines for procedure D4263.

PROCEDURE D4267 - PX

Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal).

1. Please refer to the guidelines for procedure D4263.

PROCEDURE D4268 - P

Surgical revision procedure, per tooth.

1. Please submit periodontal charting.

2. When procedure D4268 follows periodontal surgery in the same area within three years, no additional allowance will usually be made.

PROCEDURE D4270 - P

Pedicle soft tissue graft procedure.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

1. Please submit complete periodontal charting. Reporting of procedure D4270 requires the submission of a complete periodontal charting showing recession. Photographs are helpful.

2. To be considered, recession must be at least 3mm with mucogingival defects.

3. Premier's allowance is made on a per site basis. Limited to two sites per quadrant. Please see the definition of "site" at the beginning of this periodontal section.

4. Use of procedure code D4270 is appropriate only when the procedure is not performed in conjunction with any other periodontal services on the same tooth. When other periodontal services are involved, this service is considered to be part of, and included in the fee for, the most inclusive service.

5. Procedure D4270 is not a benefit when performed for cosmetic purposes.

6. Procedure D4270 is considered to include any frenectomy performed in the same area on the same date.

PROCEDURE D4271 - P

Free soft tissue graft procedure (including donor site surgery).

1. Please submit complete periodontal charting.

2. Use of procedure code D4271 is appropriate only when the procedure is not performed in conjunction with any other periodontal services on the same tooth. When other periodontal services are involved, this service is considered to be part of, and included in the fee for, the most inclusive service.

3. Please enter the tooth number on the Attending Dentist's Statement and circle the treatment site(s) on the tooth chart. Also, please provide complete periodontal charting showing the areas of gingival recession (must be at least 3 mm) and any mucogingival defects. Photographs are helpful. Premier's allowance is made on a per site basis. Limited to two sites per quadrant. Please see the definition of "site" at the beginning of this periodontal section.

4. Procedure D4271 is not a benefit when performed for cosmetic purposes. The fee is the responsibility of the patient.

5. Procedure D4271 is considered to include any frenectomy performed in the same area on the same date.

6. Benefits are available only when billed for natural teeth.

PROCEDURE D4273 - P

Subepithelial connective tissue graft procedures, per tooth.



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

1. Please refer to guidelines for procedure D4271.

PROCEDURE D4274 - P

Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).

1. Please submit periodontal charting.

2. Requires complete periodontal charting which indicate pockets in the range of 6 mm and moderate to severe bone loss.

3. When this procedure is provided in conjunction with another periodontal surgical procedure, Premier's allowance will be based on the fee for the more inclusive procedure.

4. When D4274 is reported as provided not in conjunction with another periodontal procedure, the Premier consultant staff may allow a fee equivalent to procedures D4210, D4211, D4240, D4241, D4260, D4261, or D4342.

PROCEDURE D4275 - P

Soft tissue allograft.

1. Procedure D4275 is not a benefit of most Premier programs. When it is provided, Premier will make an allowance based on procedure D4273, and the patient will be responsible for any difference in fee. Please refer to the guidelines for procedure D4273.

2. Please indicate the tooth number(s) and tooth surface(s)

on the Attending Dentist's Statement.

PROCEDURE D4276 - P

Combined connective tissue and double pedicle graft, per tooth.

1. Procedure D4276 is not a benefit of Premier programs. When it is provided, Premier will make an allowance based on procedure D4273, and the patient will be responsible for any difference in fee. Please refer to the guidelines for procedure D4273.

ADJUNCTIVE PERIODONTAL SERVICES

PROCEDURE D4341 - PX

Periodontal scaling and root planing – four or more teeth per quadrant.

1. Please submit complete periodontal charting. Requires the submission of clearly diagnostic radiographs and complete periodontal charting which indicate at least 5mm or more pockets, and early bone loss.

2. Periodontal root planing is defined as a definitive non-surgical periodontal treatment involving the judicious and thorough planing of the root surface.

3. This service is not prophylaxis and scaling – see procedure D1110.

4. Please indicate the quadrant. Use the tooth chart on the Attending Dentist's Statement to indicate missing teeth, circling the surgical area(s). Use one line of the treatment form for each quadrant, and enter a separate fee for each quadrant.

5. Periodontal root planing is generally not appropriate on the same date as procedures D1110 and D4355, gingival flap procedure (D4240 and D4241), osseous surgery (D4260 and D4261), gingivectomy (D4210 and D4211), or periodontal maintenance procedures (D4910).

6. Root planing is covered once every 24 months per quadrant. For any necessary follow-up root planing, see procedure D4910.

7. Periodontal root planing would generally not be used until after 36 months following active periodontal surgery in the same areas. See procedure D4910.

8. This service may precede surgical services D4210, D4211, D4260, D4261, D4266 and D4267 after sufficient time (no less than four weeks) has elapsed to evaluate the tissue response. By definition, this non-surgical procedure would not precede or follow gingival flap procedures (D4240 and D4241).

9. Postoperative visits and treatment for the three months following root planing and all surgical periodontal services are considered part of, and included in the fee for, the root planing or surgical procedure.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D4342 - PX

Periodontal scaling and root planning —one to three teeth, per quadrant.

1. Please see the guidelines for procedure D4341.

PROCEDURE D4355

Full mouth debridement to enable comprehensive evaluation and diagnosis.

1. The fee will be paid based on procedure D4910 fee allowance.

OTHER PERIODONTAL SERVICES

PROCEDURE D4910

Periodontal maintenance.

1. Periodontal maintenance procedures following active therapy. Procedure D4910 must be preceded by periodontal surgery or root planing D4211, D4240, D4241, D4260, D4261, D4341, D4342.
2. Please provide the dates, areas treated and the type of previous periodontal treatment performed on the Attending Dentist's Statement.
3. Periodontal maintenance procedures may be used in those cases in which a patient has completed active periodontal therapy, and commencing no sooner than three months thereafter. The procedure includes any examination for evaluation, root planing and/or polishing as may be necessary.

4. Postoperative visits and treatment for the three months following root planing and all surgical periodontal services are considered part of, and included in the fee for, the root planing or surgical procedure.

5. After the initial three-month postoperative period, periodontal maintenance procedures, alone or in combination with other prophylaxis, full mouth debridement and/or fluoride procedures, are subject to the same contractual limitations as with prophylaxis treatments, generally 1 in a 6 month period. Additional treatments are the responsibility of the patient.

6. Prophylaxis and fluoride treatment are included.

PROCEDURE D4920

Unscheduled dressing change (by someone other than treating dentist).

1. Unscheduled dressing changes by the same dentist, or by a dentist at the same location, are considered part of, and included in the fees for, periodontal surgery.
2. When performed by a different dentist at some other location, please provide a brief narrative report citing the circumstances.

PROCEDURE D4999

Unspecified periodontal procedure, by report.

1. Please enter a complete description of services and clinical reason on the Attending Dentist's Statement.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROSTHODONTIC PROCEDURES (D5000 – D5899)

Guidelines

REMOVABLE PROSTHODONTICS – GENERAL GUIDELINES

1. Premier programs do not provide benefits for replacement of satisfactory prosthodontic appliances.
2. Under most Premier programs, prosthetic appliances are a benefit once in a five-year period.
3. Maxillofacial prosthodontics or any appliances to correct congenital or developmental anomalies are not benefits of any Premier program.
4. If the total fees for adjustments, rebase, repair and/or relines procedures on a complete or partial denture in the same sequence of treatment equal or exceed the fee for a complete or partial denture, Premier's allowance will be based on the fee for a new appliance, and be subject to the contractual limitations for the provision of dentures (usually once in five years). Any amount in excess to the approved allowance is not chargeable to the patient.
5. Premier considers impressions to be an integral part of the fee for the final appliance.
6. Premier considers denture adjustments provided within 12 months of the placing of a denture are considered to be included in the fee for the denture.

7. Precision attachments; over dentures; precious metals; and fixed appliances if removable and fixed appliances are placed at the same time in the same arch are considered optional treatment. The fee is the patient's responsibility.

8. Premier considers any rebase to include a reline. Denture adjustments provided within 12 months of the placing of a denture are considered to be included in the fee for the denture.

9. A duplicate denture (a spare or second denture) is not a benefit under Premier programs. The fee is the patient's responsibility.

10. Relines should not be submitted on a prior-authorization request at the same time as the denture. Please submit a separate request when you are ready to reline the denture.

COMPLETE DENTURES (INCLUDING ROUTINE POST DELIVERY CARE)

PROCEDURE D5110

Complete denture, upper.

1. A standard denture is defined as a removable prosthetic appliance provided to replace missing natural, permanent teeth that is constructed using accepted and conventional procedures and materials.

PROCEDURE D5120

Complete denture, lower.

1. A standard denture is defined as a removable prosthetic appliance provided to replace missing natural, permanent teeth that is constructed using accepted and conventional procedures and materials.

PROCEDURE D5130

Immediate denture, upper.

1. Premier considers an upper immediate denture to be equivalent to procedure D5110, full upper denture. Please see the guidelines for procedure D5110.

PROCEDURE D5140

Immediate denture, lower.

1. Premier considers a lower immediate denture to be equivalent to procedure D5120, full lower denture. Please see the guidelines for procedure D5120.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PARTIAL DENTURES (INCLUDING ROUTINE POST DELIVERY CARE)

PROCEDURE D5211

Upper partial denture – resin base (including any conventional clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the entire upper partial denture. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.
3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

PROCEDURE D5212

Lower partial denture – resin base (including any conventional clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the entire lower partial denture. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.

3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

PROCEDURE D5213

Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the entire upper partial denture. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.
3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

PROCEDURE D5214

Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the entire lower partial denture. This procedure is considered to include

the base and all conventional clasps, rests and teeth.

2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.
3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

PROCEDURE D5225

Maxillary partial denture – flexible base (including any clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the entire upper partial denture. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.
3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D5226

Mandibular partial denture – flexible base (including any clasps, rests and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the full appliance. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Please indicate on the tooth chart of the Attending Dentist's Statement the missing teeth being replaced by the partial denture.
3. Removable partial dentures are not a benefit for patients under age 16. Premier may make an allowance for a space maintainer or a stayplate for anterior teeth, and the patient is responsible for the additional fee.

PROCEDURE D5281

Removable unilateral partial denture – one piece cast metal (including clasps and teeth).

1. On one line of the Attending Dentist's Statement, please indicate one fee for the full appliance. This procedure is considered to include the base and all conventional clasps, rests and teeth.
2. Specialized techniques, precious metal or precision attachments are considered optional, and fees for such are the patient's responsibility. The Premier allowance will be based on a standard appliance.

ADJUSTMENTS TO DENTURES

PROCEDURE D5410

Adjust complete denture – upper.

1. Please refer to #6 under the General Guidelines.

PROCEDURE D5411

Adjust complete denture – lower.

1. Please refer to #6 under the General Guidelines.

PROCEDURE D5421

Adjust partial denture – upper.

1. Please refer to #6 under the General Guidelines.

PROCEDURE D5422

Adjust partial denture – lower.

1. Please refer to #6 under the General Guidelines.

REPAIRS TO COMPLETE DENTURES

PROCEDURE D5510

Repair broken complete denture base.

1. Please indicate the arch in the column marked "tooth number" with an abbreviation (U = upper, L = lower).

2. Repair of broken complete denture provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

PROCEDURE D5520

Replace missing or broken teeth – complete denture (each tooth).

1. Please provide in the description of service the total number of teeth involved. Indicate the arch in the column marked "tooth number" with an abbreviation (U = upper, L = lower).
2. Replacement of missing or broken teeth provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

REPAIRS TO PARTIAL DENTURES

PROCEDURE D5610

Repair resin denture base.

1. Please indicate the arch in the column marked "tooth number" with an abbreviation (U = upper, L = lower).
2. Repair of resin denture base provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D5620

Repair cast framework, by report.

1. Please provide a full report of the extent of the repair on the Attending Dentist's Statement, or attach a report if additional space is needed.
2. Repair of cast framework provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

PROCEDURE 05630

Repair or replace broken clasp.

1. Please indicate the arch in the column marked "tooth number" with an abbreviation (U = upper, L = lower).
2. Enter the fee for repair or replacement of the clasp. If more than one clasp is replaced or repaired, use a separate line of the Attending Dentist's Statement to describe the additional repairs.
3. Repair or replacement of broken clasp provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

PROCEDURE D5640

Replace broken teeth – per tooth.

1. Please indicate the arch (U = upper, L = lower) in the "tooth number" column of the Attending Dentist's Statement.

2. Enter the fee for replacement of the first tooth. If more than one tooth is replaced, please use a separate line of the Attending Dentist's Statement for each tooth.

3. Replacement of broken teeth provided within 12 months of the placing of a denture is considered to be included in the fee for the denture.

PROCEDURE D5650

Add tooth to existing partial denture.

1. Please indicate the arch (U = upper, L = lower) in the "tooth number" column of the Attending Dentist's Statement.
2. Enter the fee for the tooth. If more than one tooth is added, please use a separate line of the Attending Dentist's Statement for each tooth.

PROCEDURE D5660

Add clasp to existing partial denture.

1. Please indicate the arch (U = upper, L = lower) in the "tooth number" column of the Attending Dentist's Statement.
2. Enter the fee for the clasp. If more than one clasp is added, please use a separate line of the Attending Dentist's Statement for each clasp.

DENTURE REBASE PROCEDURES**PROCEDURE D5710**

Rebase complete upper denture.

PROCEDURE D5711

Rebase complete lower denture.

PROCEDURE D5720

Rebase upper partial denture.

PROCEDURE D5721

Rebase lower partial denture.

DENTURE RELINE PROCEDURES**PROCEDURE D5730**

Reline complete upper denture (chairside).

PROCEDURE D5731

Reline complete lower denture (chairside).

PROCEDURE D5740

Reline upper partial denture (chairside).

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D5741

Reline lower partial denture (chairside).

PROCEDURE D5750

Reline complete upper denture (laboratory).

PROCEDURE D5751

Reline complete lower denture (laboratory).

PROCEDURE D5760

Reline upper partial denture (laboratory).

PROCEDURE D5761

Reline lower partial denture (laboratory).

INTERIM PROSTHESIS

PROCEDURE D5820

Temporary partial – stayplate denture (upper).

1. A stayplate or other temporization service is a benefit only to replace extracted permanent anterior teeth for adults during the healing period, and as an anterior space maintainer for children. Any other stayplates or temporization services are considered optional and are the financial responsibility of the patient.

2. On one line of the Attending Dentist's Statement, please enter one fee for the complete appliance. Procedure D5820 includes all teeth and clasps.

3. Replacement of a stayplate or other temporization services is not a benefit.

PROCEDURE D5821

Temporary partial – stayplate denture (lower).

1. A stayplate or other temporization service is a benefit only to replace extracted permanent anterior tooth for adults during the healing period, and as an anterior space maintainer for children. Any other stayplates or temporization services are considered optional and are the financial responsibility of the patient.

2. On one line of the Attending Dentist's Statement, please enter one fee for the complete appliance. Procedure D5821 includes all teeth and clasps.

3. Replacement of a stayplate or other temporization services is not a benefit.

OTHER REMOVABLE PROSTHETIC SERVICES

PROCEDURE D5850

Tissue conditioning, maxillary.

1. A maximum of one tissue conditioning may be allowed per arch in a 12 month period. The patient is responsible for additional treatments.

PROCEDURE D5851

Tissue conditioning, mandibular.

1. A maximum of one tissue conditioning may be allowed per arch in a 12 month period. The patient is responsible for additional treatments.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

MAXILLOFACIAL PROSTHETIC PROCEDURES (D5900 – D5999)

Guidelines

MAXILLOFACIAL PROSTHETICS

Maxillofacial prosthetic procedures are not benefits of Premier programs, and are the financial responsibility of the patient.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

IMPLANT SERVICE PROCEDURES (D6000 – D6199)

Guidelines

IMPLANT – GENERAL GUIDELINES

1. Implants, and procedures and appliances associated with them, are not benefits of most Premier programs. Except when a program specifically includes implant coverage, Premier may make an allowance toward the cost of the appliance actually placed on the implant (crown, bridge, partial or complete denture). If such an allowance is made, payment will not be made for any replacement until five years have elapsed.
2. Please indicate the tooth number into which the implant procedure will be performed.
3. When covered by the group contract, replacement of an implant is a benefit only after five years have elapsed following any prior provision.
4. Premier considers intramucosal inserts, hydroxyapatite and similar materials as implants to be not a benefit.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROSTHODONTICS, FIXED (D6200 – D6999)

Guidelines

FIXED PROSTHODONTICS – GENERAL GUIDELINES

1. Prior-authorization is required.
2. Under most Premier programs, prosthetic appliances are a benefit once in a five-year period.
3. Resin-bonded bridges on primary teeth are not a benefit of Premier programs. Other fixed bridges and removable cast partials are not a benefit for patients under age 16. When provided, Premier may make an allowance for a space maintainer.
4. Bridges which use laminates/partial crowns, inlays and onlays as abutments are not benefits. The fee is the patient's responsibility.
5. Premier programs generally do not provide benefits for replacement of satisfactory prosthodontic appliances.
6. Services considered integral or part of the final restoration fee: impressions; crown build-up; tooth preparation; anesthesia; occlusal adjustment; and temporaries/provisionals.
7. Precision attachments; fixed appliances if removable and fixed; and appliances that are placed at the same time in the same arch are considered optional treatment. The fee is the patient's responsibility.
8. The replacement of teeth extracted before the patient became eligible under a Premier program is not generally covered.

9. Treatment correcting congenital or developmental malformations are not benefits.

10. Replacement of congenitally missing permanent teeth is not a benefit, regardless of the length of time the deciduous tooth is retained.

11. In the date service performed column of Attending Dentist's Statement, indicate the date the prosthetic appliance was permanently cemented. Impression dates should not be indicated unless specifically requested by Premier.

12. Under most Premier programs cantilever bridges on posterior teeth are not a benefit. The fee is the patient's responsibility.

13. A bridge replacing extracted root when the majority of the natural crown is missing is not a covered benefit.

FIXED PARTIAL DENTURE PONTICS

PROCEDURE D6210 - X

Pontic – cast high noble metal.

1. Please use a separate line of the Attending Dentist's Statement for each tooth involved in the fixed bridge. Indicate a separate fee for each tooth.

PROCEDURE D6211 - X

Pontic – cast predominately base metal.

1. Please refer to procedure D6210.

PROCEDURE D6212 - X

Pontic – cast noble metal.

1. Please refer to procedure #D6210.

PROCEDURE D6214 - X

Pontic – titanium.

1. Please refer to procedure D6210.

PROCEDURE D6240 - X

Pontic – porcelain fused to high noble metal.

1. Please refer to procedure #D6210.

PROCEDURE D6241 - X

Pontic – porcelain fused to predominately base metal.

1. Please refer to procedure #D6210.

PROCEDURE D6242 - X

Pontic – porcelain fused to noble metal.

1. Please refer to procedure #D6210.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D6250 - X

Pontic – resin with high noble metal.

1. Please refer to procedure D6210.

PROCEDURE D6251 - X

Pontic – resin with predominantly base metal.

1. Please refer to procedure D6210.

PROCEDURE D6252 - X

Pontic – resin with noble metal.

1. Please refer to procedure D6210.

PROCEDURE D6253 - X

Provisional pontic.

1. Premier considers provisional pontics to be part of and included in the fee for the completed prosthodontic appliance.

PROCEDURE D6254 - X

Interim pontic.

1. Pontic used as in interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary pontic for routine prosthetic fixed partial denture restoration.

2. Premier considers interim pontic to be part of and included in the fee for the completed prosthodontic appliance.

**FIXED PARTIAL DENTURE
RETAINERS - INLAYS/
ONLAYS**

PROCEDURE D6600

Inlay – porcelain/ceramic, two surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6601

Inlay – porcelain/ceramic, three or more surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6602

Inlay – cast high noble metal, two surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6603

Inlay – cast high noble metal, three or more surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6604

Inlay – cast predominantly base metal, two surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6605

Inlay – cast predominantly base metal, three or more surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6606 - X

Inlay — cast noble metal, two surfaces.

1. Please refer to the General Guidelines.

PROCEDURE D6607 - X

Inlay — cast noble metal, three or more surfaces.

1. Please refer to the General Guidelines.

**FIXED PARTIAL DENTURE
RETAINERS – CROWNS**

PROCEDURE D6720 - X

Crown — resin with high noble metal.

1. This code is the prosthetic equivalent of procedure D2720. Please use procedure D2720 if the crown is not a part of a prosthetic appliance.



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D6721 - X

Crown — resin with predominantly base metal.

1. This code is the prosthetic equivalent of procedure D2721. Please use procedure D2721 if the crown is not a part of a prosthetic appliance.

PROCEDURE D6722 - X

Crown — resin with noble metal.

1. This code is the prosthetic equivalent of procedure D2722. Please use procedure D2722 if the crown is not a part of a prosthetic appliance.

PROCEDURE D6750 - X

Crown – porcelain fused to high noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2750. Please use procedure D2750 if the crown is not a part of a prosthetic appliance.

PROCEDURE D6751 - X

Crown – porcelain fused to predominately base metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line

for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2751. Please use procedure D2751 if the crown is not part of a prosthetic appliance.

PROCEDURE D6752 - X

Crown – porcelain fused to noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2752. Please use procedure D2752 if the crown is not part of a prosthetic appliance.

PROCEDURE D6780 - X

Crown – ¾ cast high noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2780. Please use procedure D2780 if the crown is not part of a prosthetic appliance.

PROCEDURE D6781 - X

Crown — 3/4 cast predominantly base metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2781. Please use procedure D2781 if the crown is not part of a prosthetic appliance.

PROCEDURE D6782 - X

Crown — 3/4 cast noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2782. Please use procedure D2782 if the crown is not part of a prosthetic appliance.

PROCEDURE D6783 - X

Crown — 3/4 porcelain/ceramic.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2783. Please use procedure D2783 if the crown is not part of a prosthetic appliance.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D6790 - X

Crown – full cast high noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.
2. This code is the prosthetic equivalent of procedure D2790. Please use procedure D2790 if the crown is not part of a prosthetic appliance.

PROCEDURE D6791 - X

Crown – full cast predominately base metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.
2. This code is the prosthetic equivalent of procedure D2791. Please use procedure D2791 if the crown is not part of a prosthetic appliance.

PROCEDURE D6792 - X

Crown – full cast noble metal.

1. Please enter the tooth number on the Attending Dentist's Statement. Use a separate line for each tooth involved in the fixed bridge and indicate a separate fee for each unit.

2. This code is the prosthetic equivalent of procedure D2792. Please use procedure D2792 if the crown is not part of a prosthetic appliance.

PROCEDURE D6793 - X

Provisional retainer crown.

1. Under most Premier programs, this procedure is not a covered benefit. The fee is the patient's responsibility.

PROCEDURE D6794

Crown — titanium.

1. Under most Premier programs this procedure is not a covered benefit. Premier will make an allowance based on the equivalent base metal procedure.

OTHER FIXED PARTIAL DENTAL SERVICES

PROCEDURE D6930

Recement bridge.

1. Premier considers fees for recementation to be included in the cost of covered restorations for 12 months following initial placement. During this period, a separate fee for recementation is not chargeable.
2. Please enter in the description of service the tooth number of each tooth included in the bridge.

PROCEDURE D6970

Cast post and core in addition to bridge retainer.

1. Premier considers this procedure a covered benefit only for endodontically treated teeth requiring crowns.
2. Premier allows for one post and core per tooth. A separate fee is not chargeable to the patient.
3. This code is the prosthetic equivalent of procedure D2952. Please use procedure D2952 if the post and core are not part of a prosthetic appliance.

4. When the post is prefabricated as part of the bridge, use procedure D6972.

5. This procedure applies to an individually fitted and custom cast post (including a core and coping) that is necessary for placement into the endodontically treated canal when the remaining tooth structure is insufficient for bridge placement. This procedure is considered to include the post and any core buildup. Please enter the tooth number and describe the service fully on the Attending Dentist's Statement.

PROCEDURE D6972

Prefabricated post and core in addition to bridge retainer.

1. Premier considers this procedure a covered benefit only for endodontically treated teeth requiring crowns.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

2. Premier allows for one post and core per tooth. A separate fee is not chargeable to the patient.

3. This code is the prosthetic equivalent of procedure D2954. Please use procedure D2954 if the post and core are not part of a prosthetic appliance. This procedure is considered to include the post and any core buildup/substructure.

4. Please enter the tooth number on the Attending Dentist's Statement.

PROCEDURE D6973

Core build up for retainer, including any pins.

1. This procedure is not a benefit of most Premier programs.

PROCEDURE D6980

Bridge repair, by report.

1. Please write a report on the Attending Dentist's Statement on the duration of treatment or repair. If additional space is needed, attach a report to the treatment form. The allowance will be determined after evaluation by the Premier consultant staff, based on time and laboratory charges.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

ORAL AND MAXILLOFACIAL SURGERY (D7000 - D7999)

Guidelines

ORAL SURGERY – GENERAL GUIDELINES

1. Removal of pathology free 3rd molars is not a benefit of most Premier programs.
2. Removal of pathology free primary teeth that are not near exfoliation is not a benefit of most Premier programs.
3. Any hospital or hospital related fees associated with an oral surgery procedure are not covered benefits and are the financial responsibility of the patient.
4. Fees for oral surgery procedures include local anesthesia and routine postoperative visits. For general anesthesia, see procedures D9220 and D9221. For I.V. sedation, see procedure D9241.

EXTRACTIONS

PROCEDURE D7111

Extraction, coronal remnants – deciduous tooth.

PROCEDURE D7140

Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

SURGICAL EXTRACTIONS

PROCEDURE D7210 - X

Surgical removal of erupted tooth.

1. This service is defined as the reflection of a soft tissue flap **and** the removal of bone and/or the sectioning of the tooth.
2. When multiple surgical extractions are provided, they are considered to include any necessary alveoloplasty.

PROCEDURE D7220 - X

Removal of impacted tooth – soft tissue.

1. Premier bases the classification of impactions on the anatomical position of the tooth rather than the surgical technique employed in the removal of the tooth.
2. The procedure is considered to include the excision of associated minor cystic or inflamed soft tissue.

PROCEDURE D7230 - X

Removal of impacted tooth – partially bony.

1. Please see the guidelines for procedure D7220.

PROCEDURE D7240 - X

Removal of impacted tooth – completely bony.

1. Please see the guidelines for procedure D7220.

PROCEDURE D7241 - X

Removal of impacted tooth – completely bony, with unusual surgical complications.

1. Please submit a narrative.
2. Please see the guidelines for procedure D7220.

PROCEDURE D7250 - X

Surgical removal of residual tooth roots (cutting procedure).

PROCEDURE D7251 - X

Coronectomy: Intentional partial tooth removal

1. This procedure includes mucoperiosteal flap elevation, bone removal, tooth sectioning, and removal of tooth structure, minor smoothing of socket bone and closure.
2. Premier bases the classification of impactions on the anatomical position of the tooth rather than the surgical technique employed in the removal of the tooth.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

3. Intentional partial tooth removal is applicable when a neurovascular complication is likely if the entire impacted tooth is removed.

4. Requires submission of diagnostic radiographs

5. Subjects to exclusions for supernumerary tooth

OTHER SURGICAL PROCEDURES

PROCEDURE D7260 - X

Oral antral fistula closure.

1. Please submit a brief history, and a surgical report.

PROCEDURE D7261 - X

Primary closure of a sinus perforation.

1. Please submit a brief history, and a surgical report.

PROCEDURE D7270 - X

Tooth reimplantation and stabilization of accidentally evulsed or displaced tooth and/or alveolus.

1. Please submit an operative report.

2. This procedure is covered under most Premier programs and is limited to permanent teeth only.

PROCEDURE D7272 - X

Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7280 - X

Surgical access of an unerupted tooth.

1. Please use one line of the Attending Dentist's Statement for each tooth involved. Indicate the tooth number or letter and the requested fee for each tooth.

PROCEDURE D7285

Biopsy of oral tissue – hard.

1. Please attach a copy of the pathology report.

2. This procedure includes the fee for the resection of hard tissue.

PROCEDURE D7286

Biopsy of oral tissue - soft.

1. Please attach a copy of the pathology report.

2. This procedure includes the fee for the resection of tumors and excision of cysts.

ALVEOLOPLASTY

PROCEDURE D7310

Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.

1. Procedures D7310 and D7311 cannot be charged separately when procedures D7210 through D7250 are performed.

2. Frenectomy cannot be charged separately when D7310, D7311, D7320, and D7321 are performed.

3. Please use a separate line for each quadrant involved. Indicate the quadrant by abbreviation (UR, UL, LR, LL) in the area for oral cavity.

PROCEDURE D7311

Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.

1. Please see the guidelines for procedure D7310.

2. A bounded tooth space is counted as one space regardless of the number of teeth that would normally exist in the space.

PROCEDURE D7320

Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

1. Please use a separate line for each quadrant involved. Indicate the quadrant by abbreviation (UR, UL, LR, LL) in the area for oral cavity.

PROCEDURE D7321

Alveoloplasty not in conjunction with extractions –one to three teeth or tooth spaces, per quadrant.

1. Please see the guidelines for procedure D7320.

2. A bounded tooth space is counted as one space regardless of the number of teeth that would normally exist in the space.

VESTIBULOPLASTY

Surgical procedures designed to increase alveolar ridge height.

PROCEDURE D7340

Vestibuloplasty – ridge extension (secondary epithelialization).

1. Please provide an operative report for review by the Premier consultant staff.

PROCEDURE D7350

Vestibuloplasty – ridge extension (including soft tissue attachment and management of hypertrophied and hyperplastic tissue).

1. Please provide an operative report for review by the Premier consultant staff.

2. Bone or other hard tissue or synthetic grafts used to augment

the vestibuloplasty are not benefits of Premier programs. Such an additional fee should be indicated on the Attending Dentist's Statement as a separate item. The fee is the patient's responsibility.

3. Frenectomy cannot be charged separately.

REMOVAL OF TUMORS, CYSTS AND NEOPLASMS

PROCEDURE D7410

Excision of benign lesion up to 1.25 cm.

1. Please submit operative and pathology reports. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7411

Excision of benign lesion greater than 1.25 cm.

1. Please submit operative and pathology reports.

PROCEDURE D7412

Excision of benign lesion, complicated.

1. Please identify area of the lesion and provide the operative and pathology reports. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7413

Excision of malignant lesion up to 1.25 cm.

1. Please identify area of the lesion and provide operative and pathology reports. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7414

Excision of malignant lesion greater than 1.25 cm.

1. Please identify area of the lesion and provide operative and pathology reports. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7415

Excision of malignant lesion, complicated.

1. Please identify area of the lesion and provide operative and pathology reports. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7440

Excision of malignant tumor – lesion diameter up to 1.25 cm.

1. Please identify area of tumor and provide operative and pathology report. The allowance will be determined by Premier's consultant staff.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D7441

Excision of malignant tumor – lesion diameter greater than 1.25 cm.

1. Please identify area of tumor and provide operative and pathology report. The allowance will be determined by Premier's consultant staff.

PROCEDURE D7450 - X

Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm.

1. Indicate the location of the cyst and provide a copy of the pathology report.

PROCEDURE D7451 - X

Removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm.

1. Indicate the location of the cyst and provide a copy of the pathology report.

PROCEDURE D7460 - X

Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm.

1. Indicate the location of the cyst and provide a copy of the pathology report.

PROCEDURE D7461 - X

Removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm.

1. Indicate the location of the cyst and provide a copy of the pathology report.

PROCEDURE D7465

Destruction of lesion(s) by physical methods, by report.

1. Please include a written report on the Attending Dentist's Statement. The allowance will be determined by Premier's consultant staff.

EXCISION OF BONE TISSUE

PROCEDURE D7471 - X

Removal of lateral exostosis (maxilla or mandible).

1. Please identify the quadrant treated by abbreviation (UR, UL, LR, LL) in the area for oral cavity. If multiple quadrants are involved, use separate lines for each quadrant.

PROCEDURE D7472 - X

Removal of torus palatinus.

PROCEDURE D7473 - X

Removal of torus mandibularis.

1. Please indicate the quadrant on the claim (LR or LL).

PROCEDURE D7485 - X

Surgical reduction of osseous tuberosity.

1. Please indicate the quadrant on the claim (UR or UL).

PROCEDURE D7490 - X

Radical resection of mandible with bone graft.

1. An operative report must be provided on the Attending Dentist's Statement or attached when more space is needed. Please enclose a copy of the pathology report for review by the Premier consultant staff to determine the allowance.

SURGICAL INCISION

PROCEDURE D7510

Incision and drainage of abscess – intraoral soft tissue.

1. This procedure involves incision and the placement of a surgical draining device.

2. Please provide brief clinical description on the Attending Dentist's Statement for review by the Premier consultant staff.

3. When services are rendered on the same day, by the same dentist or dental office as endodontic, extractions, palliative treatment or other definitive services they are considered to be part of and included in the fee of the procedure.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D7511

Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces).

1. Please submit an operative report for review by the Premier consultant staff to determine the allowance.
2. When services are rendered on the same day, by the same dentist or dental office as endodontic, extractions, palliative treatment or other definitive services they are considered to be part of and included in the fee of the procedure.

PROCEDURE D7520

Incision and drainage of abscess – extraoral soft tissue.

1. Please provide history and an operative report for review by the Premier consultant staff.
2. This procedure is a benefit of Premier programs only if cause of infection is dental in nature.

PROCEDURE D7521

Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces).

1. Please submit an operative report for review by the Premier consultant staff to determine the allowance.
2. This procedure is a benefit of Premier programs only if cause of infection is dental in nature.

PROCEDURE D7530

Removal of foreign body, skin or subcutaneous alveolar tissue.

1. Please identify the nature of the foreign body on the Attending Dentist's Statement.

PROCEDURE D7540 - X

Removal of foreign bodies – musculoskeletal system.

1. Please identify the nature of the foreign body on the Attending Dentist's Statement.
2. Please submit to Medical carrier first. Based on Premier's consulting staff review, procedure may be considered for payment.

PROCEDURE D7550 - X

Partial ostectomy/sequestrectomy for removal of non-vital bone.

1. Please submit to Medical carrier first. Based on Premier's consulting staff review, procedure may be considered for payment.
2. This procedure is defined as the surgical removal of loose or sloughed-off dead bone.

PROCEDURE D7560 - X

Maxillary sinusotomy for removal of tooth fragment or foreign body.

1. Please submit a brief history and an operative report.
2. Please submit to Medical carrier first. Based on Premier's consulting staff review, procedure may be considered for payment.

TREATMENT OF FRACTURES – SIMPLE

PROCEDURE D7610 - X

Maxilla – open reduction (teeth immobilized if present).

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7620 - X

Maxilla – closed reduction (teeth immobilized if present).

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7630 - X

Mandible – open reduction (teeth immobilized if present).

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7640 - X

Mandible – closed reduction (teeth immobilized if present).

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7650 - X

Malar and/or zygomatic arch – open reduction.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7660 - X

Malar and/or zygomatic arch – closed reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7670 - X

Alveolus – stabilization of teeth, open reduction splinting.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7671 - X

Alveolus — open reduction, may include stabilization of teeth.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7680 - X

Facial bones – complicated reduction with fixation and multiple surgical approaches.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

TREATMENT OF FRACTURES –

COMPOUND

PROCEDURE D7710 - X

Maxilla – open reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7720 - X

Maxilla – closed reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7730 - X

Mandible - open reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7740 - X

Mandible - closed reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7750 –X

Malar and/or zygomatic arch – open reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7760 - X

Malar and/or zygomatic arch – closed reduction.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7770 - X

Alveolus – stabilization of teeth, open reduction splinting.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7771 - X

Alveolus — closed reduction stabilization of teeth.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7780 - X

Facial bones – complicated reduction with fixation and multiple surgical approaches.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

GENERAL GUIDELINES

1. Through a contract rider to the standard group contract, a few Premier groups provide limited coverage for certain TMJ services,

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

subject to a lifetime maximum allowance:

D7880 Occlusal orthotic device

D9940 Occlusal guard

D9952 Occlusal adjustment – complete.

2. Except for services noted above, services related to TMJ dysfunction are excluded. Repair or replacement of any appliance furnished in whole or in part as TMJ benefits is not covered. The fee is the patient's responsibility.

3. Services which would normally be provided under medical care are not a covered benefit.

PROCEDURE D7810

Open reduction of dislocation.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7820

Closed reduction of dislocation.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7830

Manipulation under anesthesia.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7840

Condylectomy.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7850

Meniscectomy.

1. This procedure is not a benefit of most Premier programs. The fee is the patient's responsibility.

PROCEDURE D7880

Occlusal orthotic device.

1. This procedure is not a benefit of most Premier programs.

2. **Authorization is required** when the group contract provides coverage for this and other TMJ services.

3. Replacement or repair of an occlusal orthotic device provided under a Premier program is not covered.

REPAIR OF TRAUMATIC WOUNDS

PROCEDURE D7910

Suture of recent small wounds up to 5 cm.

1. A report of the extent of the treatment must be submitted. Please provide a written report on the Attending Dentist's Statement or attach a report when more space is needed. The clinical remarks will be reviewed by

Premier's consultant staff to determine the allowance.

COMPLICATED SUTURING

PROCEDURE D7911

Suture of complex wounds up to 5 cm.

1. A report of the extent of treatment must be submitted. Please provide a written report on the Attending Dentist's Statement or attach a report when more space is needed. The clinical remarks will be reviewed by Premier's consultant staff to determine the allowance.

PROCEDURE D7912

Suture of complex wounds greater than 5 cm.

1. A report of the extent of treatment must be submitted. Please provide a written report on the Attending Dentist's Statement or attach a report when more space is needed. The clinical remarks will be reviewed by Premier's consultant staff to determine the allowance.

OTHER REPAIR PROCEDURES

PROCEDURE D7960

frenulectomy – (frenectomy or frenotomy) – separate procedure not incidental to another procedure

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -

NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

1. This procedure is for surgical removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.

PROCEDURE D7963

Frenuloplasty.

1. Under Premier's processing policies, frenuloplasty cannot be charged separately when performed with other surgical procedures in the same surgical site.

PROCEDURE D7970

Excision of hyperplastic tissue – per arch.

1. Please identify the arch treated as either U (upper arch) or L (lower arch) in the column marked oral cavity on the Attending Dentist's Statement. If both arches are involved, use two lines of the treatment form and enter a separate fee for each arch.

PROCEDURE D7971-X

Excision of pericoronal gingiva.

1. Please submit a narrative report for exceptional circumstances.

2. Applies most commonly to the removal of the operculum in the third molar region.

3. The preparation of gingival tissues for placing a crown or

other restoration is included in the fee for restoration.

PROCEDURE D7972

Surgical reduction of fibrous tuberosity.

1. Please indicate the quadrant on the claim (UL or UR).

2. Under Premier's processing policies, procedure D7972 cannot be charged separately when procedures D4210, D4211, D4260 and D4261 are performed simultaneously.

PROCEDURE D7980 - X

Sialolithotomy.

1. Please submit a narrative report for exceptional circumstances.

PROCEDURE D7981 - X

Excision of salivary gland, by report.

1. Please submit a detailed operative report.

2. The Premier consultant staff will determine Premier's allowance.

PROCEDURE D7982

Sialodochoplasty.

1. Please provide an operative report documenting the need for the procedure for review by the Premier consulting staff.

PROCEDURE D7983

Closure of salivary fistula.

1. Please provide clinical history of the patient's condition and an operative report for review by Premier's consultant staff.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

ORTHODONTICS (D8000 – D8999)

Guidelines

ORTHODONTICS – GENERAL GUIDELINES

1. To determine whether your patient has orthodontic benefits, please call 888-715-0760.
2. Orthognathic surgery is generally a benefit of groups with orthodontic coverage.
3. Services related to orthodontic treatment are usually benefits of a patient's diagnostic or basic coverage, whether or not the program provides orthodontic coverage. Such procedures may include examination, x-rays and extractions.
4. All orthodontic services include all appliances, adjustments, insertion, removal and post treatment stabilization.
5. Premier's orthodontic coding and nomenclature classifies treatment based on two factors: the type of dentition (primary, transitional/mixed, and permanent) and the expected duration of the active phase of treatment. When submitting a claim or request for prior-authorization, **please select the code that corresponds** to the patient's dentition and **most closely to the estimated length of treatment**.
6. Cases involving minor treatment for tooth guidance and interceptive orthodontic treatment should be submitted under the codes for limited treatment (codes D8010-D8020, D8030, and D8040).

7. Please do not submit x-rays or diagnostic casts with orthodontic claims or requests for prior-authorization unless specifically requested to do so by Premier.

8. Benefits for orthodontic treatment are payable only if the treatment starts after a Covered Person's effective date of coverage. If orthodontic treatment is started prior to a Covered Person's effective date of coverage under this Policy, the total orthodontic benefit amount paid prior to the effective date is required for payment and will be deducted from the Lifetime Maximum Benefit under this Rider.

9. Benefits are payable only when billed separately for initial banding and monthly or quarterly maintenance.

10. Repairs or replacement of any appliance inserted under Premier is not a covered benefit. The fee is the patient's responsibility.

LIMITED ORTHODONTIC TREATMENT

PROCEDURE D8010

Limited orthodontic treatment of the primary dentition.

PROCEDURE D8020

Limited orthodontic treatment of the transitional dentition.

PROCEDURE D8030

Limited orthodontic treatment of the adolescent dentition.

PROCEDURE D8040

Limited orthodontic treatment of the adult dentition.

INTERCEPTIVE ORTHODONTIC TREATMENT

PROCEDURE D8050

Interceptive orthodontic treatment of the primary dentition.

PROCEDURE D8060

Interceptive orthodontic treatment of the transitional dentition.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

COMPREHENSIVE ORTHODONTIC

PROCEDURE D8070

Comprehensive orthodontic treatment of the transitional dentition.

PROCEDURE D8080

Comprehensive orthodontic treatment of the adolescent dentition.

PROCEDURE D8090

Comprehensive orthodontic treatment of the adult dentition.

MINOR TREATMENT TO CONTROL HARMFUL HABITS

PROCEDURE D8210

Appliance to control harmful habits (removable).

PROCEDURE D8220

Appliances to control harmful habits (fixed or cemented).

OTHER ORTHODONTIC SERVICES

PROCEDURE D8660

Pre-orthodontic treatment visit.

1. Under Premier's processing policies, this procedure is equivalent to procedure D0150, and is a benefit only for patients with orthodontic coverage.

PROCEDURE D8670

Periodic orthodontic treatment visit (as part of contract).

1. Premier considers periodic treatment visits to be included in the fee for any definitive active orthodontic treatment.

PROCEDURE D8680

Orthodontic retention (removal of appliances, construction and placement of retainer[s]).

1. Under Premier's processing policies, the removal of orthodontic appliances is included in the fees for orthodontic treatment when performed by the same dentist or dental office.

PROCEDURE D8690

Orthodontic treatment (alternative billing to a contract fee).

1. Please submit documentation. The orthodontic and consultant staff will determine Premier's allowance.

PROCEDURE D8693

Rebonding or recementing; and/or repair, as required, of fixed retainers.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

ADJUNCTIVE GENERAL SERVICES (D9000 – D9999)

Guidelines

UNCLASSIFIED TREATMENT

PROCEDURE D9110

Palliative (emergency) treatment of dental pain – minor procedure.

1. This service is payable per visit, not per tooth, and fee includes all treatment provided (other than required x-rays).
2. Emergencies cannot be submitted for predetermination of cost.
3. A temporary restoration is considered a component of, and included in the fee for, the final restoration. Such temporary restorations are not considered emergency palliatives.
4. Please provide in the description of service a description of the nature of the emergency and the treatment provided.

PROCEDURE D9120

Fixed partial denture sectioning.

1. Premier considers this procedure to be part of and included in the fee for the service. No separate benefit is payable.

ANESTHESIA

PROCEDURE D9210

Local anesthesia not in conjunction with operative or surgical procedures.

1. Premier considers this procedure to be part of and included in the fee for the service. No separate benefit is payable.

PROCEDURE D9211

Regional block anesthesia.

1. Premier considers this procedure to be part of and included in the fee for the service. No separate benefit is payable.

PROCEDURE D9212

Trigeminal division block anesthesia.

1. Premier considers this procedure to be part of and included in the fee for the service. No separate benefit is payable.

PROCEDURE D9215

Local anesthesia in conjunction with operative or surgical procedures.

PROCEDURE D9220

General anesthesia – first 30 minutes.

1. General anesthesia is a benefit of most Premier programs only when provided by a dentist in conjunction with covered complex oral surgery procedures. When otherwise provided, the patient is responsible for the fee.
2. General anesthesia is covered when administered in the dental office. Additional charges for anesthesiologists and associated services are the patient's responsibility.
3. Please enter the permit number on or below the description of service.
4. If more than 30 minutes of general anesthesia is administered, please see procedure D9221.

PROCEDURE D9221

General anesthesia – each additional 15 minutes.

1. Indicate a separate fee and a separate line on the claim form for each 15-minute period.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D9241

Intravenous conscious sedation/analgesia – first 30 minutes.

1. Intravenous conscious sedation is a benefit of most Premier programs only when provided by a dentist in conjunction with covered complex oral surgery procedures.
2. Allowance for I.V. sedation is for office administration only. Additional charges for anesthesiologists and associated services are the patient's responsibility.
3. Please enter the permit number on or below the description of service.
4. If more than 30 minutes of I.V. sedation is administered, please see procedure D9242.

PROCEDURE D9242

Intravenous conscious sedation/analgesia – each additional 15 minutes.

PROFESSIONAL CONSULTATION

PROCEDURE D9310

Consultation – diagnostic service provided by dentist or physician other than requesting

dentist or physician.

1. This procedure includes any examination.
2. This procedure is covered only when no other services are provided on the same date of service, except x-rays.

PROFESSIONAL VISITS

PROCEDURE D9430

Office visit for observation (during regularly scheduled hours) – no other services performed.

1. This is ***not*** an examination procedure.
2. This procedure is not payable in conjunction with hospital visits, periodontal recalls, orthodontic observation or as a routine post-operative visit.

PROCEDURE D9440

Office visit – after regularly scheduled hours.

1. Any additional services provided should be indicated by specific procedure codes on separate lines of the Attending Dentist's Statement.

DRUGS

PROCEDURE D9930

Treatment of complications (post-surgical) – unusual circumstances, narrative report required.

1. Please provide a narrative description of the complications in the description of service for review by Premier's consultant staff.

PROCEDURE D9940

Occlusal guard, by report.

1. Occlusal guards are not benefits of most Premier programs.
2. Some Premier groups may include coverage for an occlusal guard as part of their periodontal benefits.
3. Repair or replacement of an occlusal guard is not a benefit.

PROCEDURE D9942

Repair and/or reline of occlusal guard.

1. Please see the guidelines for procedure D9940.
2. Repair and/or reline of occlusal guards is not usually a benefit of the limited number of Premier programs that cover D9940.
3. If the patient's program covers D9942, the consultant staff will determine Premier's allowance based on the narrative report submitted with the claim.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -



NOTE: PLEASE REFER TO A PATIENT'S PREMIER CERTIFICATE OF INSURANCE TO DETERMINE COVERED SERVICES AND SUPPLIES, EXCLUSIONS AND LIMITATIONS FOR AN INDIVIDUAL PATIENT.

PROCEDURE D9950

Occlusion analysis – mounted, including all related procedures.

1. This procedure is a benefit for only those groups with TMJ coverage.

PROCEDURE D9951

Occlusal adjustment – limited.

1. Limited occlusal adjustment is not a benefit of most Premier programs.
2. This service cannot be charged separately when restorative or prosthodontic procedures are performed.
3. For groups which cover this procedure (providing limited coverage for certain TMJ services), authorization is required.
4. Please indicate the quadrant treated by abbreviation (UR, UL, LR, LL) in the column marked "tooth number" on the Attending Dentist's Statement. Use one line of the treatment form for each quadrant and enter a separate fee for each quadrant.

PROCEDURE D9952

Occlusal adjustment – complete.

1. Complete occlusal adjustment is not a benefit of most Premier programs.
2. For groups which cover this procedure (providing limited coverage for certain TMJ services), authorization is required.

- SUBMIT PRE-OPERATIVE X-RAYS FOR PROCEDURES MARKED "X" -