Solstice Benefits

Table of contents

Solstice

Instructions for use

The following sections list the appropriate CDT (Current Dental Terminology) codes, a description of the procedure, a short summary of the benefit guideline and the documentation requirements for that procedure code.

Although a procedure code may be listed, a subscriber's contract may not cover all procedures. The group/subscriber account chooses the benefit coverage.

The following dental clinical guidelines and dental criteria are designed to provide guidance for the adjudication of claims or pre-determination requests by the clinical dental reviewer. The dental reviewer should use these guidelines in conjunction with clinical judgment and any unique circumstances that accompany a request for coverage.

Specific plan coverage, exclusions or limitations may supersede these criteria. Please refer to your schedule of benefits for details

Alternate Benefit: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over $300; please consult your dentist.

Documentation Requirements

For the services outlined below, specific documentation needed to make a determination of coverage will be provided. Please submit this information with your request for coverage.

For services that do not have specific documentation requirements listed, providers may be asked to submit additional information on an individual basis. To ensure best health outcomes for our members, we may periodically require providers to submit documentation for services that do not have specific documentation requirements listed below

Solstice

Diagnostic – D0120

CDT Code and Nomenclature

D0120 - Periodic Oral Evaluation

Descriptor

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated,and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310
- If this code is submitted with history of an exam D0140 - D0191 on the same date of service same provider, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0140

CDT Code and Nomenclature

D0140 - Limited oral evaluation - problem focused

Descriptor

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed :

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0145

CDT Code and Nomenclature

D0145 - Oral Eval for a patient under 3 years of age and counseling with primary caregiver

Descriptor

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted for a patient under 3 years old

Benefits not allowed:

- If not covered under the plan
- if submitted for patients 3 years old and older
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0150

CDT Code and Nomenclature

D0150 - comprehensive oral evaluation - new or established patient

Descriptor
Used by a general dentist and/or specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years.
It is a thorough evaluation and recording of the extra oral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If covered under the plan
- If submitted for patients over 3 years old
- For a new patient or an established patient that has not been seen in over 3 years or serious/major changes in medical history have occurred

Benefits not allowed:

- If not covered under the plan
- If submitted for patients under 3 years old
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0160

CDT Code and Nomenclature

D0160 -Detailed and extensive oral evaluation - problem focused, by report

Descriptor
A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi-disciplinary consultation, etc

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0170

CDT Code and Nomenclature

D0170 - Re-evaluation - limited, problem focused

Descriptor
Assessing the status of a previously existing condition. For example:
- Traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- Evaluation for undiagnosed continuing pain;
- Soft tissue lesion requiring follow-up evaluation.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Allowed within 30 days of D0140 in history, same provider

Benefits not allowed:

- If not covered under the plan
- If submitted more than 30 days from D0140 history
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0171

CDT Code and Nomenclature

D0171 - Re-evaluation - post-operative office visit

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with these codes after 30 days
  D3920-D3921 D4210-D4285 D5110-D5286 D5810-D5821 D5863-D5866 D7111-D7292-D7300
- if submitted with these codes after 6 months D3310-D3503 D6010-D6050 D6100 D6102-D6104

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310
- If submitted within 30 days of any of these codes, it will be considered inclusive
  D3920 - D3921; D4210 - D4285; D5110 - D5286; D5810 - D5821 D5863 - D5866; D7111 - D7300
- if D0171 is submitted within 6 months of any of these codes, it will be considered inclusive
  D3310 - D3503; D6010 - D6050; D6100 - D6104

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0180

CDT Code and Nomenclature

D0180 - Comprehensive periodontal evaluation - new or established patient

Descriptor
This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0190

CDT Code and Nomenclature

D0190 – Screening of a patient

Descriptor
A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0191

CDT Code and Nomenclature

D0191 – assessment of a patient

Descriptor
A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310, the exam codes will be considered inclusive to the D9310

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0210, D0709

CDT Code and Nomenclature

D0210 – comprehensive series of radiographic images
Descriptor
A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

D0709 – comprehensive series of radiographic images – image capture only
Descriptor
A radiographic survey of the whole mouth, intended to display crowns and roots of all teeth, periapical areas interproximal areas and alveolar bone

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When 10 or more films are taken

Benefits not allowed:

- If not covered under the plan
- If D0270, D0272, D0273, D0274, D0277, D0220, D0230, D0707, or D0708, is submitted with a D0210 or D0709 they will deny inclusive to D0210 or D0709
- If 10 or more D0220, D0230, D0707 with or without bitewings D0270, D0272, D0273, D0274, D0277, D0708 are reported, they will be considered as an FMX D0210

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0220, D0230, D0707

CDT Code and Nomenclature

D0220 - Intraoral - periapical first radiographic image
Descriptor
This is a radiograph of the entire tooth, includes the apex of the tooth, and some surrounding tissue. Frequently referred to as a periapical-also typical with diagnosis of endodontic conditions.

D0230 – intraoral - periapical each additional radiographic image
Descriptor
This is a radiograph of the entire tooth, includes the apex of the tooth, and some surrounding tissue. Frequently referred to as a periapical-also typical with diagnosis of endodontic conditions.

D0707 - intraoral – periapical radiographic image – image capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- One D0220/D0707 per date of service. All others will be considered as a D0230
- One D0220/D0707 and one D0230 per date of service with root canals.

Benefits not allowed:

- If not covered under the plan
- If multiple D0220, D0230, D0707 are submitted with RCT (D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, D3353) the D0220 and 1st D0230 will be allowed and any additional D0230(s) or D0707(s) will be considered inclusive to the RCT.
- If D0270, D0272, D0273, D0274, D0277, D0220, D0230, D0707, D0708 is submitted with a D0210 / D0709, the D0210 / D0709 will be allowed and the D0270, D0272, D0273, D0274, D0277, D0220, D0230, D0707, D0708 will be considered inclusive
- If any individual x-ray – D0220, D0230, D0270, D0272, D0273, D0274, D0707, D0708 is submitted same date of service as a D0210, they will be considered inclusive to the D0210

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0240, D0706

CDT Code and Nomenclature

D0240 - intraoral - occlusal radiographic image

D0706 - intraoral – occlusal radiographic image – image capture only

Benefits allowed:

- If covered under the plan
- If MORE than 2 are submitted, a narrative for the necessity of additional films is needed

Documentation required for review:

- Narrative of medical necessity if submitting more than 2

Benefits not allowed:

- If not covered under the plan
- If the narrative does not support the need for additional films

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0250

CDT Code and Nomenclature

D0250 - extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector

Descriptor

These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.

Documentation required for review:

- Narrative of medical necessity if submitting more than 2

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If MORE than 2 are submitted, a narrative for the necessity of additional films is needed.

Benefits not allowed:

- If not covered under the plan
- If the narrative does not support the need for additional films

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0251, D0705

CDT Code and Nomenclature

D0251 - extra-oral posterior dental radiographic image

Descriptor
Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image

D0705 – extra-oral posterior dental radiographic image – image capture only

Descriptor
Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0705 is submitted with a D0251, D0705 will be considered inclusive to D0251

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0270, D0272, D0273, D0274, D0277, D0708

CDT Code and Nomenclature

D0270 - bitewing - single radiographic image
D0272 - bitewings - two radiographic images
D0273 - bitewings - three radiographic images
D0274 - bitewings - four radiographic images

D0277 - vertical bitewings - 7 to 8 radiographic images
Descriptor
This does not constitute a full mouth intraoral radiographic series

D0708 – intraoral – bitewing radiographic image – image capture only
Descriptor
Image axis may be horizontal or vertical

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted by a GD or specialist

Benefits not allowed:

- If not covered under the plan
- if D0270, D0272, D0273, D0274, D0277, D0220, D0230 and D0708 is submitted with a D0210, the bitewings will be considered inclusive
- If 10 or more D0220, D0230, D0270 with or without bitewings D0270, D0272, D0273, D0274, D0277, D0708 are submitted they will be considered as an FMX D0210/D0709
- If any individual x-ray – D0220, D0230, D0270, D0272, D0273, D0274, D0707, D0708 is submitted same date of service as a D0210, they will be considered inclusive to the D0210

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0310

CDT Code and Nomenclature

D0310 - sialography

Benefits allowed:

- If covered under the plan
- For Salivary gland stones, salivary duct calculus, Sjogren's Syndrome, Salivary gland tumors and Salivary narrowing or obstruction.

Documentation required for review:

- Radiology report with diagnosis
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If multiple submissions of D0310, the first one will be considered, and the rest will be inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0320

CDT Code and Nomenclature

D0320 – Temporomandibular joint arthrogram, including injection

Documentation required for review:

- Image (the actual arthrogram image)
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If done at the dental provider's office

Benefits not allowed:

- If not covered under the plan
- If done at a radiographic or imaging center
- For the treatment of TMJ

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0321

CDT Code and Nomenclature

D0321 – Other temporomandibular joint radiographic images, by report

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If done at the dental provider's office

Benefits not allowed:

- If not covered under the plan
- If done for orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the schedule of benefits.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0322

CDT Code and Nomenclature

D0322 – Tomographic survey

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If done at the dental provider's office

Benefits not allowed:

- If not covered under the plan
- For orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the schedule of benefits.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0330, D0701

CDT Code and Nomenclature

D0330 - panoramic radiographic image

D0701 – Panoramic radiographic image – capture only

Benefits allowed:

- If covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- If D0210, D0709 and D0701 is submitted with D0330, they will be considered inclusive to the D0330
- If billed for ortho treatment, same date of service, they will be considered under ortho records

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0340, D0702

CDT Code and Nomenclature

D0340 – 2D cephalometric radiographic image – acquisition, measurement and analysis

Descriptor
Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry

D0702 - 2-D cephalometric radiographic image – image capture only

Benefits allowed:

- If covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- If D0702 is submitted with D0340, it will be considered inclusive
- If billed for ortho treatment, same date of service, they will be considered under ortho records

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0350, D0703

CDT Code and Nomenclature

D0350 – 2D cephalometric radiographic image – acquisition, measurement and analysis

D0703 – 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with soft tissue grafts (D4270, D4273, D4283, D4275, D4285, D4274, D4276, D4277, D4210, D4211, D4212, D4249
- If submitted with crowns, bridges, inlays, or onlays (D2710 – D2799; D2610 – D2664; D2960 – D2962; D6205 – D6253; D6545 – D6634; D6710 – D6793

Benefits not allowed:

- If not covered under the plan
- If D0703 is submitted with D0350, it will be considered inclusive
- If billed for ortho treatment, same date of service, they will be considered under ortho records

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0351, D0704

Codes are no longer valid in 2023

CDT Code and Nomenclature

D0351 – 3D photographic image

Descriptor
This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure

D0704 – 3D photographic image – capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0801, D0802, D0803, D0804

CDT Code and Nomenclature

D0801 - 3D intraoral surface scan – direct
Descriptor
A surface scan of any aspect of the intraoral anatomy

D0802 - 3D dental surface scan – indirect
Descriptor
A surface scan of a diagnostic cast.

D0803 - 3D facial surface scan – direct

D0804 - 3D facial surface scan – indirect
Descriptor
A surface scan of constructed facial features

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0364, D0369

CDT Code and Nomenclature

D0364 - Cone beam CT capture and interpretation with limited field of view - less than one whole jaw

D0369 - Maxillofacial MRI capture and interpretation

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For implant and implant related services
- On surgical extractions
- On RCT posterior teeth only (this includes premolars)
- At DDS office, not in an imaging center
- If interpretation report is signed by same provider billing the code

Benefits not allowed:

- If not covered under the plan
- if procedure performed at an imaging center
- if report is signed by a different provider other than the one billing the procedure code
- D0393 and D0394 are inclusive to D0364, D0365, D0366, D0367, D0368, and possibly D0369, D0370, D0371

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0365, D0366, D0367, D0370

CDT Code and Nomenclature

D0365 - Cone beam CT capture and interpretation with field of view of one full dental arch – mandible

D0366 - Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla

D0367 - Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium

D0370 - Maxillofacial ultrasound capture and interpretation

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For implant and implant related services
- On surgical extractions
- At DDS office, not in an imaging center
- If interpretation report is signed by same provider billing the code

Benefits not allowed:

- If not covered under the plan
- if procedure performed at an imaging center
- if report is signed by a different provider other than the one billing the procedure code
- D0393 and D0394 are inclusive to D0364, D0365, D0366, D0367, D0368, and possibly D0369, D0370, D0371

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0368

CDT Code and Nomenclature

D0368 - Cone beam CT capture and interpretation for TMJ series including two or more exposures

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on surgical extractions
- at DDS office NOT imaging center
- if report attached is signed by same provider billing the code
- if plan has TMJ benefits or TMJ diagnostic allowance
- need to see range of motion and 2 or more images to use it as a diagnostic tool
- D0393 and D0394 are inclusive to D0364, D0365, D0366, D0367, D0368, and possibly D0369, D0370, D0371

Benefits not allowed:

- If not covered under the plan
- if 2 or more images are not provided
- for the treatment of TMJ
- if procedure performed at an imaging center
- if report is signed by a different provider other than the one billing the procedure code
- If D0393 and D0394 is submitted with D0364, D0365, D0366, D0368, D0393 / D0394 will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0371

CDT Code and Nomenclature

D0371 – Sialoendoscopy capture and interpretation

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- At DDS office, NOT imaging center
- If report attached is signed by same provider billing the code

Benefits not allowed:

- If not covered under the plan
- if procedure performed at an imaging center
- If report is signed by a different provider other than the one billing the procedure code
- If D0364, D0365, D0366, D0367, D0369, D0370, D0371 is submitted with D0393 or D0394, D0393/D0394 will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0372, D0387

CDT Code and Nomenclature

D0372 – intraoral tomosynthesis - comprehensive series of radiographic images

Descriptor
A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas

D0387 - intraoral tomosynthesis – comprehensive series of radiographic images – image capture only

Descriptor
A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth,
periapical areas, interproximal areas and alveolar bone including edentulous areas

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0373, D0374, D0388, D0389

CDT Code and Nomenclature

D0373 - intraoral tomosynthesis – bitewing radiographic image

D0388 - intraoral tomosynthesis – bitewing radiographic image – image capture only

D0374 - intraoral tomosynthesis – periapical radiographic image

D0389 - intraoral tomosynthesis – periapical radiographic image – image capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0380

CDT Code and Nomenclature

D0380 - Cone Beam CT image capture with limited field of view - less than one whole jaw

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For implant and implant related services
- On surgical extractions
- On RCT posterior teeth only (this includes pre-molars)
- At DDS office, NOT imaging center
- If the interpretation report is signed by a different provider billing the code

Benefits not allowed:

- If not covered under the plan
- If procedure performed at an imaging center
- If report is signed by the same provider other than the one billing the procedure code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0381, D0382, D0383

CDT Code and Nomenclature

D0381 - Cone beam CT image capture with field of view on one full dental arch – mandible

D0382 - Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium

D0383 - Cone beam CT image capture with field of view of both jaws, with or without cranium

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For implant and implant related services
- On surgical extractions
- At DDS office, NOT imaging center
- If the interpretation report is signed by a different provider billing the code

Benefits not allowed:

- If not covered under the plan
- If procedure performed at an imaging center
- if report is signed by same provider other than the one billing the procedure code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0384

CDT Code and Nomenclature

D0384 - Cone beam CT image capture for TMJ series including two or more exposures

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Benefits allowed:

- If covered under the plan
- At DDS office NOT imaging center
- if plan has TMJ benefits or TMJ diagnostic allowance
- The interpretation report has to be signed by a different provider billing the code

Benefits not allowed:

- If not covered under the plan
- For the treatment of TMJ
- If 2 or more images are not provided
- If procedure performed at an imaging center

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0385, D0386

CDT Code and Nomenclature

D0385 - Maxillofacial MRI image capture

D0386 - Maxillofacial ultrasound image capture

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- At DDS office, not in an imaging center
- For implant and implant related services
- If the interpretation report is signed by a different provider billing the code

Benefits not allowed:

- If not covered under the plan
- if procedure performed at an imaging center

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0391

CDT Code and Nomenclature

D0391 – interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0393, D0394 and D0395 is submitted with D0391, they will be considered inclusive to D0391
- If D0391 is submitted with D0364, D0365, D0366, D0367, D0368, D0369, D0371, D0391 will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0393, D0394

CDT Code and Nomenclature

D0393 – Virtual treatment simulation using 3D image volume or surface scan

Descriptor:
Virtual stimulation of treatment including but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement

D0394 – digital subtraction of two or more images or image volumes of the same modality

Descriptor:
To demonstrate changes that have occurred over time

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D0393, D0394 or D0395 are submitted with D0391, they will be considered inclusive to D0391

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0395

CDT Code and Nomenclature

D0395 – Fusion of two or more 3D image volumes of one or more modalities

Benefits allowed:

- If covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- If D0393, D0394 or D0395 are submitted with D0391, they will be considered inclusive to D0391

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0396

CDT Code and Nomenclature

D0396 – 3D printing of a 3D dental surface scan

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0411

CDT Code and Nomenclature

D0411 - HbA1c in-office point of service testing

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0412

CDT Code and Nomenclature

D0412 - Blood glucose level test - in-office using a glucose meter

Descriptor
This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0414

CDT Code and Nomenclature

D0414 - Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0415

CDT Code and Nomenclature

D0415 - collection of microorganisms for culture and sensitivity

Documentation required for review:

- Narrative of medical necessity
- Pathology Report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is periodontal history
- If submitted with periodontal services, same claim, same d.o.s.

Benefits not allowed:

- If not covered under the plan
- If performed in connection with Root Canal Therapy (D3310 – D3330; D3346 – D3348) it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0416

CDT Code and Nomenclature

D0416 - Viral culture

Descriptor
A diagnostic test to identify viral organisms, most often herpes virus

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0417

CDT Code and Nomenclature

D0417 - Collection and preparation of saliva sample for laboratory diagnostic testing

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0418

CDT Code and Nomenclature

D0418 - Analysis of saliva sample

Descriptor
Chemical or biological analysis of saliva sample for diagnostic purposes.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0419

CDT Code and Nomenclature

D0419 - Assessment of salivary flow by measurement

Descriptor
This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0422

CDT Code and Nomenclature

D0422 - Collection and preparation of genetic sample material for laboratory analysis and report

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0423

CDT Code and Nomenclature

D0423 - Genetic test for susceptibility to diseases – specimen analysis

Descriptor
Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0425

CDT Code and Nomenclature

D0425 - Caries susceptibility tests

Descriptor
Not to be used for carious dentin staining

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0431

CDT Code and Nomenclature

D0431 - Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures

Benefits allowed:

- If covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0460

CDT Code and Nomenclature

D0460 - Pulp vitality tests

Descriptor
Includes multiple teeth and contra lateral comparison(s), as indicated.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If submitted with any Root Canal Therapy (D3310 – D3353), same tooth, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0470

CDT Code and Nomenclature

D0470 - Diagnostic casts

Descriptor
Also known as diagnostic models or study models.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If submitted with athletic mouth guards (D9944 – D9946), tooth whitening trays (D9972 – D9975), prosthesis (D2710 – D2799; D2960 – D2962; D6205 – D6793; D5110 – D5286; D5810 – D5821; D5863 – D5866; D6051 - D6077; D6082 – D6088; D6094, D6097 – D6195; D6710 – D6794) or other appliances
- If submitted with D9950, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0600

CDT Code and Nomenclature

D0600 - Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0601

CDT Code and Nomenclature

D0601 - Caries risk assessment and documentation, with a finding of low risk

Descriptor
Using recognized assessment tools.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For patients 16 y.o. and younger

Benefits not allowed:

- If not covered under the plan
- If submitted with exam codes, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0602

CDT Code and Nomenclature

D0602 - Caries risk assessment and documentation, with a finding of moderate risk

Descriptor
Using recognized assessment tools.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For patients 16 y.o. and younger

Benefits not allowed:

- If not covered under the plan
- If submitted with exam codes, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0603

CDT Code and Nomenclature

D0603 - Caries risk assessment and documentation, with a finding of high risk

Descriptor
Using recognized assessment tools.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For patients 16 y.o. and younger

Benefits not allowed:

- If not covered under the plan
- If submitted with exam codes, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0604

CDT Code and Nomenclature

D0604 - Antigen testing for a public health related pathogen, including coronavirus

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0605

CDT Code and Nomenclature

D0605 - Antibody testing for a public health related pathogen, including coronavirus

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0606

CDT Code and Nomenclature

D0606 - Molecular testing for a public health related pathogen, including coronavirus

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0472, D0473

CDT Code and Nomenclature

D0472 - Accession of tissue, gross examination, preparation and transmission of written report

Descriptor
To be used in reporting architecturally intact tissue obtained by invasive means

D0473 - Accession of tissue, gross and microscopic examination, preparation and transmission of written report

Descriptor
To be used in reporting architecturally intact tissue obtained by invasive means

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0474

CDT Code and Nomenclature

D0474 - Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

Descriptor
To be used in reporting architecturally intact tissue obtained by invasive means

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0480

CDT Code and Nomenclature

D0480 - Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report

Descriptor
To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0486

CDT Code and Nomenclature

D0486 - Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.

Descriptor
Analysis, and written report of findings, of cytological sample of disaggregated transepithelial cells.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0475

CDT Code and Nomenclature

D0475 - Decalcification procedure

Descriptor
Procedure in which hard tissue is processed in order to allow sectioning and subsequent microscopic examination

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0476

CDT Code and Nomenclature

D0476 - Special stains for microorganisms

Descriptor
Procedure in which additional stains are applied to biopsy or surgical specimen in order to identify microorganisms

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0477

CDT Code and Nomenclature

D0477 - Special stains, not for microorganisms

Descriptor
Procedure in which additional stains are applied to biopsy or surgical specimen in order to identify such things as melanin, mucin, iron, glycogen, etc.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0478

CDT Code and Nomenclature

D0478 - Immunohistochemical stains

Descriptor
A procedure in which specific antibody based reagents are applied to tissue samples in order to facilitate diagnosis

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0479

CDT Code and Nomenclature

D0479 - Tissue in-situ hybridization, including interpretation

Descriptor
A procedure which allows for the identification of nucleic acids, DNA and RNA, in the tissue sample in order to aid in the diagnosis of microorganisms and tumors

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0481

CDT Code and Nomenclature

D0481 - Electron microscopy

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0482, D0483

CDT Code and Nomenclature

D0482 - Direct immunofluorescence

Descriptor
A technique used to identify immunoreactants which are localized to the patient's skin or mucous membranes

D0483 - Indirect immunofluorescence

Descriptor
A technique used to identify circulating immunoreactants

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0484, D0485

CDT Code and Nomenclature

D0484 - Consultation on slides prepared elsewhere

Descriptor
A service provided in which microscopic slides of a biopsy specimen prepared at another labortory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report

D0485 - Consultation, including preparation of slides from biopsy material supplied by referring source

Descriptor
A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0502

CDT Code and Nomenclature

D0502 - Other oral pathology procedures, by report

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Diagnostic – D0999

CDT Code and Nomenclature

D0999 - Unspecified diagnostic procedure, by report

Benefits allowed:

- If covered under the plan

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1110

CDT Code and Nomenclature

D1110 - prophylaxis - adult

Descriptor
Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with up to 4 quadrants of D4342
- If submitted with up to 3 quadrants of D4341

Benefits not allowed:

- If not covered under the plan
- If submitted with 4 quadrants of D4341, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive –D1120

CDT Code and Nomenclature

D1120 - prophylaxis – child

Descriptor
Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- With up to 4 quadrants of D4342

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1206, D1208, D1354, D9910

CDT Code and Nomenclature

D1206 - topical application of fluoride varnish
D1208 - topical application of fluoride – excluding varnish

D1354 - application of caries arresting medicament – per tooth
Descriptor
Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

D9910 – application of desensitizing medicament
Descriptor
Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If D1354 D1206, D1208, D9910, they will share frequency with each other

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1301

CDT Code and Nomenclature

D1301 - immunization counseling

Benefits allowed:

- If covered under the plan
- For counseling including but not limited to: shingles, pneumococcal vaccine, current concerns (COVID), lifestyle habits (sexual promiscuity, drug addiction, profession)

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If submitted with D1701 – D1783, it will be considered inclusive
- If submitted with D0150 or D0180, it will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1310, D1320

CDT Code and Nomenclature

D1310 - nutritional counseling for control of dental disease

Descriptor
Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries

D1320 - tobacco counseling for the control and prevention of oral disease

Descriptor
Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1321

CDT Code and Nomenclature

D1321 - counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use

Descriptor
Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1330

CDT Code and Nomenclature

D1330 – oral hygiene instructions

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1351

CDT Code and Nomenclature

D1351 - sealant - per tooth

Descriptor
Mechanically and/or chemically prepared enamel surface sealed to prevent decay

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For patients under the age of 16
- On permanent Molars only, Tooth #s 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31 and 32
- On unrestored teeth only

Benefits not allowed:

- If not covered under the plan
- If submitted with a restoration, it will be considered inclusive
- If submitted in conjunction with D1352
- If submitted with history of D3110 - D3999 or with history of D5110 - D7999
- If submitted with D2140 - D2999 or with D1352, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1352

CDT Code and Nomenclature

D1352 - preventive resin restoration in a moderate to high caries risk patient – permanent tooth

Descriptor
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.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For patients under the age of 16
- On permanent Molars only, Tooth #s 1,2,3,14,15, 18,19,30,31,32
- On unrestored teeth only
- If more than 4 are submitted, a narrative is required

Benefits not allowed:

- If not covered under the plan
- If submitted with D2140 – D2199, it will be considered inclusive
- If submitted in conjunction with D1351, it will be submitted inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1353

CDT Code and Nomenclature

D1353 – sealant repair – per tooth

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent Molars only, Tooth #s 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31 and 32

Benefits not allowed:

- If not covered under the plan
- If submitted with D2140 – D2199, it will be considered inclusive
- If submitted in conjunction with D1351, it will be submitted inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1355

CDT Code and Nomenclature

D1355 - caries preventive medicament application – per tooth

Descriptor
For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent Molars only, Tooth #s 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31 and32
- On unrestored teeth only

Benefits not allowed:

- If not covered under the plan
- If submitted with D2140 – D2199, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1510, D1516, D1517

CDT Code and Nomenclature

D1510 - space maintainer - fixed – unilateral

Descriptor
Excludes a distal shoe space maintainer

D1516 - space maintainer – fixed – bilateral, maxillary
D1517 - space maintainer – fixed – bilateral, mandibular

Benefits allowed:

- If covered under the plan
- For children under the age of 16

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- For children 16 years of age and over

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1520, D1526, D1527

CDT Code and Nomenclature

D1520 - space maintainer - removable, unilateral - per quadrant
D1526 - space maintainer – removable – bilateral, maxillary
D1527 - space maintainer – removable – bilateral, mandibular

Benefits allowed:

- If covered under the plan
- For children under the age of 16

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- For children 16 years of age and over

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1551, D1552, D1553

CDT Code and Nomenclature

D1551 - re-cement or re-bond bilateral space maintainer – maxillary
D1552 - re-cement or re-bond bilateral space maintainer – mandibular
D1553 - re-cement or re-bond bilateral space maintainer – per quadrant

Benefits allowed:

- If covered under the plan
- For children under the age of 16

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- For children 16 years of age and over

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1556, D1557, D1558

CDT Code and Nomenclature

D1556 - removal of fixed unilateral space maintainer - per quadrant
D1557 - removal of fixed unilateral space maintainer - maxillary
D1558 - removal of fixed unilateral space maintainer - mandibular

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For children under the age of 16

Benefits not allowed:

- If not covered under the plan
- For children 16 years of age and over

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1575

CDT Code and Nomenclature

D1575 - distal shoe space maintainer - fixed, unilateral - per quadrant

Descriptor
Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For children under the age of 16

Benefits not allowed:

- If not covered under the plan
- For children 16 years of age and over

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1701, D1702, D1703, D1704, D1705, D1706, D1707

CDT Code and Nomenclature

D1701 - Pfizer-BioNTech Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1
D1702 - Pfizer-BioNTech Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2
D1703 - Moderna Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1
D1704 - Moderna Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2
D1705 - AstraZeneca Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1
D1706 - AstraZeneca Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2
D1707 - Janssen Covid-19 vaccine administration
SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1708, D1709, D1710, D1711, D1712, D1713, D1714

CDT Code and Nomenclature

D1708 - Pfizer-BioNTech Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3
D1709 - Pfizer-BioNTech Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER
D1710 - Moderna Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3
D1711 - Moderna Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER
D1712 - Janssen Covid-19 Vaccine Administration - booster dose
SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER
D1713 - Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1
D1714 - Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose
SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1781, D1782, D1783

CDT Code and Nomenclature

D1781 - vaccine administration – human papillomavirus – Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.

D1782 - vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramuscular vaccine injection.

D1783 - vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramuscular vaccine injection.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Preventive – D1999

CDT Code and Nomenclature

D1999 - unspecified preventive procedure, by report

Descriptor
Used for a procedure that is not adequately described by a code. Describe the procedure

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2140, D2150, D2160, D2161

CDT Code and Nomenclature

D2140 - amalgam - one surface, primary or permanent
D2150 - amalgam - two surfaces, primary or permanent
D2160 - amalgam - three surfaces, primary or permanent
D2161 - amalgam - four or more surfaces, primary or permanent

Documentation required for review:

- Tooth number and surface(s)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On all teeth primary and permanent
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*
- As a one surface (occlusal) restoration D2140 through a crown after root canal therapy

Benefits not allowed:

- If not covered under the plan
- If submitted with history of crown/bridge, RCT, implants and extractions
- If multiple surfaces are billed separately, it will recode to the correct surface bundling code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2330, D2331, D2332, D2335

CDT Code and Nomenclature

D2330 - resin-based composite - one surface, anterior
D2331 - resin-based composite - two surfaces, anterior
D2332 - resin-based composite - three surfaces, anterior
D2335 - resin-based composite - four or more surfaces (anterior)

Documentation required for review:

- Tooth number and surface(s)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On all teeth primary and permanent
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*

- As a one surface (occlusal) restoration D2330 through a crown after root canal therapy

Benefits not allowed:

- If not covered under the plan
- If submitted with history of crown/bridge, RCT, implants and extractions
- If multiple surfaces are billed separately, it will recode to the correct surface bundling code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2391, D2392, D2393, D2394

CDT Code and Nomenclature

D2391 - resin-based composite - one surface, posterior
D2392 - resin-based composite - two surfaces, posterior
D2393 - resin-based composite - three surfaces, posterior
D2394 - resin-based composite - four or more surfaces, posterior

Documentation required for review:

- Tooth number and surface(s)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On all teeth primary and permanent
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*

- As a one surface (occlusal) restoration D2391 on a crown after root canal therapy

Benefits not allowed:

- If not covered under the plan
- If submitted with history of crown/bridge, RCT, implants and extractions
- If multiple surfaces are billed separately, it will recode to the correct surface bundling code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2990

CDT Code and Nomenclature

D2990 - resin infiltration of incipient smooth surface lesions

Descriptor
Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- This code works the same as a restoration

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2410, D2420, D2430

CDT Code and Nomenclature

D2410 - gold foil - one surface
D2420 - gold foil - two surfaces
D2430 - gold foil - three surfaces

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On all teeth primary and permanent
- As a one surface (occlusal) restoration D2410 on a crown after root canal therapy

Benefits not allowed:

- If not covered under the plan
- If multiple surfaces are billed separately, it will recode to the correct surface bundling code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2940

CDT Code and Nomenclature

D2940 - Placement of interim direct restoration

Descriptor:
Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If reported with pulp caps (D3110, D3120), it will be considered inclusive

Benefits not allowed:

- If not covered under the plan
- If used as a temporary filling (base or liner) to any restorative procedure
- If other services reported on same date, same tooth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2941

CDT Code and Nomenclature

D2941 - interim therapeutic restoration – primary dentition- DELETED CODE 2025 - REMOVE 2026

Descriptor:
Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary teeth only
- Separate submission of surfaces will be combined into its appropriate CDT code

Benefits not allowed:

- If not covered under the plan
- On permanent teeth
- If used as a temporary filling (base or liner) to any restorative procedure
- If submitted with pulp caps (D3110, D3120) it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2510, D2610, D2650

CDT Code and Nomenclature

D2510 - inlay - metallic - one surface
D2610 - Inlay - porcelain/ceramic - one surface
D2650 - inlay - resin-based composite - one surface

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On posterior teeth 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32

Benefits not allowed:

- If not covered under the plan
- If submitted in conjunction with other restorations same tooth same date of service D2150 - D2390; D2392 - D2394
- with history or in conjunction with RCT D3310 - D3470, it will deny wrong code
- With history of D2520 - D2544, D2620 - D2644, D2651 - D2799, it will deny wrong code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2520, D2620, D2651

CDT Code and Nomenclature

D2520 - inlay - metallic - two surface
D2620 - Inlay - porcelain/ceramic - two surfaces
D2651 - inlay - resin-based composite - two surfaces

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On posterior teeth 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32

Benefits not allowed:

- If not covered under the plan
- If submitted in conjunction with other restorations – D2150 – D2390; D2392 – D2394, same tooth, same date of service
- With history of extractions same tooth D7111 – D7250, it will deny wrong code
- With history of D2530 - D2544; D2630 – D2644; D2652 – D2799, it will deny wrong code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2530, D2630, D2652

CDT Code and Nomenclature

D2530 - inlay - metallic - three surface
D2630 - Inlay - porcelain/ceramic - three surfaces
D2652 - inlay - resin-based composite - three or more surface

Benefits allowed:

- If covered under the plan
- On posterior teeth 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- If submitted in conjunction with other restorations – D2150 – D2390, same tooth, same date of service
- With history of D2520 - D2544

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2542, D2642, D2662

CDT Code and Nomenclature

D2542 – onlay - metallic - two surfaces
D2642 - onlay – porcelain/ceramic - two surfaces
D2662 - onlay - resin-based composite - two surfaces

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on posterior teeth 1, 2, 3, 4, 5 , 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32

Benefits not allowed:

- If not covered under the plan
- If there is history of D3310 – D3470
- If there is history of D2710 – D2799

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2543, D2643, D2663

CDT Code and Nomenclature

D2543 – onlay - metallic - three surfaces
D2643 - onlay – porcelain/ceramic - three surfaces
D2663 - onlay - resin-based composite - three surfaces

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on posterior teeth 1, 2, 3, 4, 5 , 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32

Benefits not allowed:

- If not covered under the plan
- With history of extractions D7111 - D7251
- With history of D3310 - D3470
- With history of D6010 - D6985
- With history of D2710 - D2799

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2544, D2644, D2664

CDT Code and Nomenclature

D2544 – onlay - metallic – four or more surfaces
D2644 - onlay – porcelain/ceramic – four or more surfaces
D2664 - onlay - resin-based composite - four or more surfaces

Benefits allowed:

- If covered under the plan
- on teeth posterior teeth 1, 2, 3, 4, 5 , 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32
- After a RCT (D3310 – D3470)
- With history of D2510 - D2543 or D2610 - D2664

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- With history of D2710 - D2799

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2949

CDT Code and Nomenclature

D2949 - restorative foundation for an indirect restoration

Descriptor:
Placement of restorative material to yield a more ideal form, including elimination of undercuts

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On indirect restorations
- If submitted with D2950, D2952 or D2954 it will be considered inclusive

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth
- If submitted with D2140 – D2430; D2950 – D2954

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2981, D2982, D2983

CDT Code and Nomenclature

D2981 - inlay repair necessitated by restorative material failure
D2982 - onlay repair necessitated by restorative material failure
D2983 - veneer repair necessitated by restorative material failure

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- As a one surface composite restoration

Benefits not allowed:

- If not covered under the plan
- If submitted with history of D2510 - D2530, D2610 - D2630, D2650 - D2652, within 12 months, it will be considered inclusive
- If multiple surfaces are billed separately, it will recode to the correct surface bundling code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2390

CDT Code and Nomenclature

D2390 - resin-based composite crown, anterior

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on teeth 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27, C, D, E, F, G, H, M, N, O, P, Q

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2710

CDT Code and Nomenclature

D2710 - crown - resin-based composite (indirect)

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2712

CDT Code and Nomenclature

D2712 - crown - ¾ resin-based composite (indirect)

Descriptor
This procedure does not include facial veneers.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2720, D2721, D2722

CDT Code and Nomenclature

D2720 - crown - resin with high noble metal
D2721 - crown - resin with predominantly base metal
D2722 - crown - resin with noble metal

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794

CDT Code and Nomenclature

D2740 - crown - porcelain/ceramic
D2750 - crown - porcelain fused to high noble metal
D2751 - crown - porcelain fused to predominantly base metal
D2752 - crown - porcelain fused to noble metal
D2790 - crown - full cast high noble metal
D2791 - crown - full cast predominantly base metal
D2792 - crown - full cast noble metal
D2794 - crown - titanium

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2780, D2781, D2782, D2783,

CDT Code and Nomenclature

D2780 - crown - 3/4 cast high noble metal
D2781 - crown - 3/4 cast predominantly base metal
D2782 - crown - 3/4 cast noble metal
D2783 - crown - 3/4 porcelain/ceramic
Descriptor
This procedure does not include facial veneers

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2934

CDT Code and Nomenclature

D2934 - Prefabricated esthetic coated stainless steel crown - primary tooth

Descriptor:
Stainless steel primary crown with exterior esthetic coating

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary teeth

Benefits not allowed:

- If not covered under the plan
- On permanent teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2928

CDT Code and Nomenclature

D2928 - prefabricated porcelain/ceramic crown – permanent tooth

Benefits allowed:

- If covered under the plan
- On permanent teeth

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Benefits not allowed:

- If not covered under the plan
- If submitted on primary teeth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2929

CDT Code and Nomenclature

D2929 - prefabricated porcelain/ceramic crown – primary tooth

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary anterior teeth C, D, E, F, G, H, M, N, O, P, Q, R

Benefits not allowed:

- If not covered under the plan
- If submitted on anterior primary teeth
- If submitted on permanent teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2930

CDT Code and Nomenclature

D2930 - prefabricated stainless-steel crown - primary tooth

Benefits allowed:

- If covered under the plan
- On primary teeth

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Benefits not allowed:

- If not covered under the plan
- If submitted on permanent teeth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2931

CDT Code and Nomenclature

D2931 - Prefabricated stainless steel crown - permanent tooth

Benefits allowed:

- If covered under the plan
- On permanent teeth only

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Benefits not allowed:

- If not covered under the plan
- If submitted on permanent teeth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2932

CDT Code and Nomenclature

D2932 - prefabricated resin crown

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Benefits allowed on anterior teeth (6,7,8,9,10,11,22,23,24,25,26,27)
- Review for necessity of decay or injury.

Benefits not allowed:

- If not covered under the plan
- Benefits not provided separate from definitive restoration
- NOTE:
- If no supporting documentation, then deny as inclusive to definitive restorative procedure
- Covered only when a filling cannot restore the tooth.
- If documentation confirms treatment necessary as a separate procedure, then approve and process.
- If no supporting documentation, then deny as inclusive to definitive restorative procedure
- Alternate benefit for primary molar recode to D2930. For permanent molars recode to D2931.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2933

CDT Code and Nomenclature

D2933 - prefabricated stainless steel crown with resin window

Descriptor:
Open-face stainless steel crown with aesthetic resin facing or veneer

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary teeth C, D, E, F, G, M, N, O, P, Q, R only

Benefits not allowed:

- If not covered under the plan
- On permanent teeth
- On primary teeth A, B, H, I, J, K, L, S, T

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2799

CDT Code and Nomenclature

D2799 - interim crown – further treatment or completion of diagnosis necessary prior to final impression

Descriptor
Not to be used as a temporary crown for a routine prosthetic restoration

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacement crowns

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On endodontically treated teeth
- On baby teeth A B C D E F G H I J K L M N O P Q R S T for a patient over the age of 17
- If there is cuspal fracture
- If there is an undermined cusp(s)
- If submitted with D2949
- Pain on biting
- For replacement crowns if:
    - There is lucency at the margin denoting decay
    - Broken porcelain that interferes with occlusion
    - Broken porcelain causing food trap
    - Open contact causing food trap
    - Pain on biting

Benefits not allowed:

- If not covered under the plan
- If history of extractions same tooth
- If done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- Short margins with no evidence of decay
- Defective restoration
- Leaky amalgam
- Craze lines
- For cosmetic/aesthetic reasons
- For attrition/abrasion/erosion/abfraction, vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2910

CDT Code and Nomenclature

D2910 - Recement inlay, onlay, veneer or partial coverage restoration

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If performed more than 12 months after initial insertion on codes:
  D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644
- If submitted on the same DOS, same DDS as D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630 D2642 D2643 D2644 the D2910 will be considered inclusive to the D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630 D2642 D2643 D2644

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2915

CDT Code and Nomenclature

D2915 - Re-cement or re-bond indirectly fabricated or prefabricated post and core

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted within 12 months of initial insertion, it will be considered inclusive
- If submitted on the same DOS, same DDS as D2952, D2953, D2954, it will be considered inclusive

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2915

CDT Code and Nomenclature

D2920 - Recement or re-bond crown

Benefits allowed:

- If covered under the plan
- If submitted within 12 months of initial insertion, it will be considered inclusive
- If submitted on the same DOS, same DDS as D2952, D2953, D2954, it will be considered inclusive

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2921

CDT Code and Nomenclature

D2921 - reattachment of tooth fragment, incisal edge or cusp

Benefits allowed:

- If covered under the plan
- If submitted within 12 months of initial insertion, it will be considered inclusive
- If submitted on the same DOS, same DDS as D2952, D2953, D2954, it will be considered inclusive

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2950

CDT Code and Nomenclature

D2950 - Core buildup, including any pins

Descriptor
Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in the preparation.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Allowed on same date as crown preparation
- On endodontically treated teeth
- On permanent teeth only

Benefits not allowed:

- If not covered under the plan
- If Multiple Submission of D2950 when RCT (D3310 – D3330, D3346 – D3348) is in history for the same tooth #.
- If submitted with a filling, with same DOS, same tooth, deny as inclusive to the filling (amalgam or composite)
- If submitted with a post or post & core code (D2954), with same DOS, same tooth, deny the D2950 as inclusive to the post or post & core code (D2954)
- If submitted with an inlay/onlay, with same DOS (seat date), same tooth, consider the D2950 as inclusive to the inlay.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2951

CDT Code and Nomenclature

D2951 - pin retention - per tooth, in addition to restoration

Benefits allowed:

- If covered under the plan
- When performed in connection with amalgam or composite restorations (D2140 – D2150; D2330 – D2394)

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- If multiple pin submissions, same tooth, they will combine as one D2951
- If submitted with a D2950, D2952, D2954, it will be considered inclusive to the D2950, D2952, D2954

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2952

CDT Code and Nomenclature

D2952 - post and core in addition to crown, indirectly fabricated

Descriptor:
Post and core are custom fabricated as a single unit

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with RCT D3310 – D3330, D3346 – D3348 or with history of RCT D3310 – D3330, D3346 – D3348
- If submitted alone or with a crown procedure, same date of service
- Claim - pre op x-ray shows that endo was completed
- PTE - if a root canal is indicated or the narrative states there is intention for a root canal approve contingent on post op

Benefits not allowed:

- If not covered under the plan
- If not necessary for tooth strength and retention for a crown (not covered for onlays)
- If a core buildup is adequate for tooth strength and retention for a crown
- Claim - if pre op x-ray does not show that a root canal was completed deny
- If the tooth or root canal has a poor prognosis (inadequate/failing RC)
- If D2952 is submitted with D2954, it will be considered inclusive to D2954

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2953

CDT Code and Nomenclature

D2953 - each additional indirectly fabricated post - same tooth

Descriptor:
To be used with D2952.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On all teeth with RCT (D3320, D3330, D3347, D3348) in history
- If submitted alone or with a crown procedure, same date of service
- If submitted same day same tooth as D3320, D3330,D3347,D3348
- On multirooted teeth 1 2 3 5 12 14 15 16 17 18 19 21 28 30 31 32
- Claim - pre op x-ray shows that endo was completed
- PTE - if a root canal is indicated or the narrative states there is intention for a root canal approve
- After the submission of D2952

Benefits not allowed:

- If not covered under the plan
- If not necessary for tooth strength and retention for a crown (not covered for onlays)
- If a core buildup is adequate for tooth strength and retention for a crown
- Claim - if pre op x-ray does not show that a root canal was completed deny
- If the tooth or root canal has a poor prognosis(inadequate/failing RC) deny
- If D2953 is submitted with D2954, it will be considered inclusive to D2954
- If submitted without a D2952

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2954

CDT Code and Nomenclature

D2954 - prefabricated post and core in addition to crown

Descriptor:
Core is built around a prefabricated post. This procedure includes the core material.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated (which is the post-op RCT x-ray) We need to see the RCT on the x-ray

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On root canal teeth or if submitted with D3310 – D3330; D3346 – D3348
- Claim - pre op x-ray shows that endo was completed
- PTE - if a root canal is indicated or the narrative states there is intention for a root canal approve contingent on post op

Benefits not allowed:

- If not covered under the plan
- if not necessary for tooth strength and retention for a crown (not covered for onlays)
- If submitted with D2950
- Claim - if pre op x-ray does not show that a root canal was completed deny
- If the tooth or root canal has a poor prognosis (inadequate/failing RC)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2956

CDT Code and Nomenclature

D2956 - removal of an indirect restoration on a natural tooth
Descriptor
Not to be used for a temporary or provisional restoration

Documentation required for review:

- Pre-operative x-rays
- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On natural teeth
- Only allowed for removal of indirect restorations
- Allowed if other practitioner needs to remove existing indirect restoration for endo and/or periodontal care but not by the same practitioner that will replace restoration on same tooth/teeth
- Should be inclusive (E72) if submitted with any new indirect restoration on the same tooth/teeth by the practitioner

Benefits not allowed:

- If not covered under the plan
- Not allowed for temporary/provisional restorations.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2957

CDT Code and Nomenclature

D2957 - each additional prefabricated post - same tooth

Descriptor:
To be used with D2954

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated (which is the post-op RCT x-ray) We need to see the RCT on the x-ray

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On root canal teeth or if submitted with D3320, D3330, D3347, D3348
- Claim - pre op x-ray shows that endo was completed
- PTE - if a root canal is indicated or the narrative states there is intention for a root canal approve contingent on post op

Benefits not allowed:

- If not covered under the plan
- if not necessary for tooth strength and retention for a crown (not covered for onlays)
- If submitted with D2950
- Claim - if pre op x-ray does not show that a root canal was completed deny
- If the tooth or root canal has a poor prognosis (inadequate/failing RC)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2955

CDT Code and Nomenclature

D2955 - post removal

Benefits allowed:

- If covered under the plan
- On root canal teeth D3310, D3320, D3330, D3346, D3347, D3348 or with history of posts D2952 - D2954, D2957

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated (which is the post-op RCT x-ray) We need to see the RCT on the x-ray

Benefits not allowed:

- If not covered under the plan
- If submitted with D2952 or D2954 or D2957 same date, it will be considered inclusive
- If submitted with D2140 – D2664

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2960, D2961, D2962

CDT Code and Nomenclature

D2960 - labial veneer (resin laminate) - direct
Descriptor:
Refers to labial/facial direct resin bonded veneers
D2961 - labial veneer (resin laminate) - indirect
Descriptor:
Refers to labial/facial indirect resin bonded veneers.
D2962 - labial veneer (porcelain laminate) - indirect
Descriptor:
Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacements

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For teeth numbers 6-11 and 22-27 when teeth would qualify for crown placement
- To restore an incisal fracture when 1/3 or the tooth structure is missing.
- In some instances where large C1 III/C1 IV restorations are failing

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth
- To correct tooth color, stain, fluorosis, tetracycline.
- To correct tooth spacing/position, diastema
- To correct superficial demineralization, mottled enamel, hypoplastic teeth.
- Superficial erosion
- Endodontic teeth
- Superficial cracks, crazing
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2971

CDT Code and Nomenclature

D2971 - additional procedures to customize a crown to fit under existing an existing partial denture Framework

Descriptor:
This procedure is in addition to the separate crown procedure documented with its own code

Benefits allowed:

- If covered under the plan
- If the tooth meets the crown benefit criteria
- Patient must have an existing partial removable denture

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2975

CDT Code and Nomenclature

D2975 - coping

Descriptor:
A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For anterior teeth with history of RCT
- Must have history of root canal and insufficient tooth structure for crown and must be adjacent to edentulous area.

Benefits not allowed:

- If not covered under the plan
- If done at the same time as a crown on same tooth.
- On posterior teeth (molars)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2976

CDT Code and Nomenclature

D2976 - band stabilization – per tooth

Descriptor:
A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for the full cuspal coverage restoration

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For copper band impressions or isolation of teeth otherwise unable to isolate for a restorative procedure

Benefits not allowed:

- If not covered under the plan
- If submitted with any ortho codes, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2980

CDT Code and Nomenclature

D2980 - crown repair necessitated by restorative material failure

Benefits allowed:

- If covered under the plan
- Limited to repairs or adjustments performed more than 12 months after initial insertion

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth
- If submitted within 12 months of crown codes D2710 – D2794, it will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2989

CDT Code and Nomenclature

D2989 - excavation of a tooth resulting in the determination of non-restorability

Benefits allowed:

- If covered under the plan
- If billed alone and narrative states uncertainty of prognosis of tooth prior to excavation of caries

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If submitted with any restorative, extractions or endodontic care it will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2991

CDT Code and Nomenclature

D2991 - application of hydroxyapatite regeneration medicament – per tooth

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there are environmental factor (reduced level or no fluoridation in water supply), root exposure and patient sensitivity, extensive crown/bridge work, patient having high caries index, salivary flow reduction due to medication or radiation care

Benefits not allowed:

- If not covered under the plan
- If submitted with any fluoride, it will be considered inclusive
- If submitted on the same day, same tooth # as any restoration (fillings, crowns, bridges, or D9910), it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Restorative – D2999

CDT Code and Nomenclature

D2999 - unspecified restorative procedure, by report

Descriptor:
Used for a procedure that is not adequately described by a code. Describe the procedure.

Benefits allowed:

- If covered under the plan
- If the described procedure does not have a valid CDT code

Documentation required for review:

- Narrative of medical necessity (All "By Report" procedures require a description)

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3110

CDT Code and Nomenclature

D3110 - pulp cap - direct (excluding final restoration)

Descriptor
Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If narrative states that the procedure is "used solely as a sedative," allow

Benefits not allowed:

- If not covered under the plan
- If submitted with any root canal therapy, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3120

CDT Code and Nomenclature

D3120 - pulp cap - indirect (excluding final restoration)

Descriptor
Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- if narrative states that the procedure is "used solely as a sedative," allow

Benefits not allowed:

- If not covered under the plan
- Not covered if utilized solely as a liner or base underneath a restoration
- If submitted on the same day, same tooth # as any restoration (fillings, crowns, bridges) , it will be considered inclusive on both primary and permanent teeth
- If submitted with any root canal therapy

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3220

CDT Code and Nomenclature

D3220 - therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentino-cemental junction and application of medicament

Descriptor
Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.
– To be performed on primary or permanent teeth.
– This is not to be construed as the first stage of root canal therapy.
– Not to be used for apexogenesis.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacements

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On deciduous and permanent teeth

Benefits not allowed:

- If not covered under the plan
- If submitted with D3310 – D3330, it will be considered inclusive
- If submitted on adult teeth with any restoration, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3221

CDT Code and Nomenclature

D3221 - pulpal debridement, primary and permanent teeth

Descriptor
Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacements

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On deciduous and permanent teeth

Benefits not allowed:

- If not covered under the plan
- If submitted with D3310 – D3330, it will be considered inclusive
- If submitted on adult teeth with any restoration, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3222

CDT Code and Nomenclature

D3222 - partial pulpotomy for apexogenesis - permanent tooth with incomplete root development

Descriptor
Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity for all replacements

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For members up to the age of 15
- On permanent vital teeth

Benefits not allowed:

- If not covered under the plan
- For patients 15 years old and older
- On necrotic teeth
- On baby teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3230

CDT Code and Nomenclature

D3230 - pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)

Descriptor
Primary incisors and cuspids

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary anterior teeth C, D, E, F, G, H, M, N, O, P, Q, R

Benefits not allowed:

- If not covered under the plan
- On permanent teeth 1 – 32
- On primary posterior teeth A, B, I, J, K, L, S, T

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3240

CDT Code and Nomenclature

D3240 - pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)

Descriptor
Primary first and second molars

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On primary teeth A,B, I, J, K, L, S, T

Benefits not allowed:

- If not covered under the plan
- On permanent teeth 1 – 32
- On primary posterior teeth C, D, E, F, G, H, M, N, O, P, Q, R

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3310

CDT Code and Nomenclature

D3310 - endodontic therapy, anterior tooth (excluding final restoration)

Benefits allowed:

- If covered under the plan
- On permanent anterior teeth 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27
- On symptomatic teeth
- If radiolucency and or widening of the periodontal ligament
- Persistent symptoms

Documentation required for review:

- Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**

Benefits not allowed:

- If not covered under the plan
- If submitted with any primary tooth
- Poor prognosis
- Crown tooth ratio is not favorable or exceeds 1:1
- If bone level is below the furca or exceeds 50% loss
- If there is decay in the furca

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3320

CDT Code and Nomenclature

D3320 - endodontic therapy, premolar tooth (excluding final restoration)

Benefits allowed:

- If covered under the plan
- On teeth # 4,5,12,13,20,21,28,29
- On symptomatic teeth
- If radiolucency and or widening of the periodontal ligament
- Persistent symptoms

Documentation required for review:

- Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**

Benefits not allowed:

- If not covered under the plan
- If submitted with any primary tooth
- Poor prognosis
- Crown tooth ratio is not favorable or exceeds 1:1
- If bone level is below the furca or exceeds 50% loss
- If there is decay in the furca

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3330

CDT Code and Nomenclature

D3330 - endodontic therapy, molar tooth (excluding final restoration)

Documentation required for review:

- Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On teeth # 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32
- On symptomatic teeth
- If radiolucency and or widening of the periodontal ligament
- Persistent symptoms

Benefits not allowed:

- If not covered under the plan
- If submitted with any primary tooth
- Poor prognosis
- Crown tooth ratio is not favorable or exceeds 1:1
- If bone level is below the furca or exceeds 50% loss
- If there is decay in the furca

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3331

CDT Code and Nomenclature

D3331 - Treatment of root canal obstruction; non-surgical access

Descriptor:
In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the D3331 is submitted with a RCT or retreat, the narrative needs to state that a foreign body, like and endo file or reamer was removed
- If a pulp stone is present or the tooth has curved roots
- The provider requires an extended amount of time in the chair or a second session is necessary to complete endodontic treatment
- If the narrative states that the canal is calcified and the D3331 is submitted by itself, no RCT on same claim same tooth, same DOS allow
- If the D3331 is submitted with an extraction code, the narrative or chart notes need to state that oral surgery will be performed or there is an intent for extraction

Benefits not allowed:

- If not covered under the plan
- If procedure is billed with D3332 (incomplete endo), it will be considered inclusive
- If D3331 is submitted with a narrative that only states a % of calcification deny

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3332

CDT Code and Nomenclature

D3332 - Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

Descriptor:
Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable

Documentation required for review:

- Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the member does not return for appointment
- non-restorable tooth
- root fracture
- root perforation
- tooth requires extraction

Benefits not allowed:

- If not covered under the plan
- If there is internal resorption
- If radiographs show the tooth as non restorable

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3333

CDT Code and Nomenclature

D3333 - internal root repair of perforation defects

Descriptor:
Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider

Documentation required for review:

- Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**
- Narrative of medical necessity

Benefits allowed:

- If covered under the plan
- On permanent adult teeth
- If the material used is MTA

Benefits not allowed:

- If not covered under the plan
- If the side of the root is perforated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3346

CDT Code and Nomenclature

D3346 - retreatment of previous root canal therapy - anterior

Benefits allowed:

- If covered under the plan
- On teeth # 6 7 8 9 10 11 22 23 24 25 26 27
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**
- Age of original RCT

Benefits not allowed:

- If not covered under the plan
- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat (D3346, D3347, D3348) by the same provider. This will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3347

CDT Code and Nomenclature

D3347 - retreatment of previous root canal therapy - premolar

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**
- Age of original RCT

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on teeth # 4,5, 12, 13, 28, 29, 20,21
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Benefits not allowed:

- If not covered under the plan
- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat by the same provider who did the original, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3348

CDT Code and Nomenclature

D3348 - retreatment of previous root canal therapy - molar

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Pre-operative x-rays with R and L directions indicated if it is a **pre-determination**
- Age of original RCT

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- on teeth # 1, 2, 3 ,14, 15,16, 17, 18, 19, 30, 31, 32
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Benefits not allowed:

- If not covered under the plan
- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat by the same provider who did the original, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3351

CDT Code and Nomenclature

D3351 - apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

Descriptor:
Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth only (01-32).

Benefits not allowed:

- If not covered under the plan
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is in history on the same tooth, it will deny improper code
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is on the same claim, it will deny improper code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3352

CDT Code and Nomenclature

D3352 - apexification/recalcification – interim medication replacement

Descriptor:
For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth only (01-32)
- Once per tooth.
- Minimum of 30 days post D3351

Benefits not allowed:

- If not covered under the plan
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is in history on the same tooth, it will deny improper code
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is on the same claim, it will deny improper code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3353

CDT Code and Nomenclature

D3353 - apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)

Descriptor:
Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth only (01-32)
- Once per tooth.
- Minimum of 30 days post D3351

Benefits not allowed:

- If not covered under the plan
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is in history on the same tooth, it will deny improper code
- If a D3351 is submitted and RCT (D3310 – D3330, D3346 – D3348) is on the same claim, it will deny improper code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3355

CDT Code and Nomenclature

D3355 - Pulpal regeneration - initial visit

Descriptor:
Includes opening tooth, preparation of canal spaces, placement of medication

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Permanent teeth only
- Xray shows immature apex (apex wide open) and periapical lesion
- Typically caused by trauma where tooth is pushed upwards, this code is not age specific
- Tissue is gently removed from the center – not completely cleaned out - walls should not be instrumented.
- Narrative must state calcium hydroxide, triple antibiotic or double antibiotic paste used.
- During re- evaluation in 1 month, if suppuration/inflammation and result not ideal can repeat procedure again, more medication added.
- Only 1 D3355 - can be billed, 2nd would deny inclusive
- Tooth must be periodontally sound

Benefits not allowed:

- If not covered under the plan
- If apex is mature and closed with no radiographic lesion
- Allergy to medication used for procedure
- Teeth that already been endodontically treated

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3356

CDT Code and Nomenclature

D3356 - Pulpal regeneration - interim medication replacement

Benefits allowed:

- If covered under the plan
- Meets criteria for D3355
- Preceded by D3355 and 30 days post initial visit

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- Alternative to promoting bleeding would be to use platelet rich fibrin D7921
- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3357

CDT Code and Nomenclature

D3357 - Pulpal regeneration - completion of treatment

Descriptor
Does not include final restoration

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Tooth is asymptomatic
- Only 1 D3357 allowed

Benefits not allowed:

- If not covered under the plan
- Follow up appointments would be considered inclusive
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3410

CDT Code and Nomenclature

D3410 - Apicoectomy – anterior

Descriptor:
For surgery on root of anterior tooth. Does not include placement of retrograde filling material.

Benefits allowed:

- If covered under the plan
- On anterior teeth # 6,7,8,9,10,11,22,23,24,25,26,27

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- If submitted on deciduous teeth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3421

CDT Code and Nomenclature

D3421 - apicoectomy - premolar (first root)

Descriptor:
For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On teeth # 4,5,12,13, 20, 21, 28, 29
- For additional D3421, refer to D3426

Benefits not allowed:

- If not covered under the plan
- If multiple D3421 or D3425 are submitted for the same tooth same date of service, only 1 will be considered and the others will deny wrong code by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3425

CDT Code and Nomenclature

D3425 - apicoectomy - molar (first root)

Descriptor:
For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On teeth # 1 2 3, 14 15 16, 17 18 19, 30 31 32
- For additional D3421, refer to D3426

Benefits not allowed:

- If not covered under the plan
- If multiple D3421 or D3425 are submitted for the same tooth same date of service, only 1 will be considered and the others will deny wrong code by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3426

CDT Code and Nomenclature

D3426 - apicoectomy (each additional root)

Descriptor:

Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On posterior teeth only 1, 2, 3, 4 ,5, 12,13, 14, 15 16,17, 18, 19, 20, 21, 28, 29, 30 31 32
- For surgery on additional roots on bicuspids and molars

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3428

CDT Code and Nomenclature

D3428 - bone graft in conjunction with periradicular surgery – per tooth, single site

Descriptor
Includes non-autogenous graft material

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If performed the same DOS as periradicular surgery procedure.
- When medically necessary for the success of the primary procedure being performed, or when normal healing cannot be expected to eliminate the bony defect.
- When the bone defect measures 5mm or greater and appear to have a good prognosis.

Benefits not allowed:

- If not covered under the plan.
- If associated with procedures other than periradicular surgery
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3429

CDT Code and Nomenclature

D3429 - bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site

Descriptor
Includes non-autogenous graft material

Documentation required for review:

- Narrative
- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If performed the same DOS as periradicular surgery procedure.
- When medically necessary for the success of the primary procedure being performed, or when normal healing cannot be expected to eliminate the bony defect.
- When the bone defect measures 5mm or greater and appear to have a good prognosis.
- Must be followed by D3428

Benefits not allowed:

- If not covered under the plan.
- If associated with procedures other than periradicular surgery

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3430

CDT Code and Nomenclature

D3430 - retrograde filling - per root

Descriptor
For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root - report as D3999 and describe.

Documentation required for review:

- Pre-op and post op x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth
- When RCT therapy is completed, a retreat or an apico

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3431

CDT Code and Nomenclature

D3431 - biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery

Benefits allowed:

- If covered under the plan
- If performed in association with periradicular surgery

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If done on the same day as a graft procedure, it will be considered inclusive
- On deciduous teeth
- If associated with procedures other than periradicular surgery

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3432

CDT Code and Nomenclature

D3432 - guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted in conjunction with D3428/D3429 and meet criteria of D3428 .

Benefits not allowed:

- If not covered under the plan
- If associated with any other procedures other than periradicular surgery
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3450

CDT Code and Nomenclature

D3450 - root amputation - per root

Descriptor
Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On multi-rooted teeth 1, 2, 3, 5,12, 14, 15, 16, 17, 18, 19, 30, 31, 32

Benefits not allowed:

- If not covered under the plan
- On single rooted teeth 4, 6 7 8 9 10 11, 13, 20 21 22 23 24 25 26 27 28 29
- If poor prognosis
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3460

CDT Code and Nomenclature

D3460 - endodontic endosseous implant

Descriptor
Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3470

CDT Code and Nomenclature

D3470 - intentional re-implantation (including necessary splinting)

Descriptor
For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On permanent teeth
- When documentation shows the missing tooth

Benefits not allowed:

- If not covered under the plan
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3471

CDT Code and Nomenclature

D3471 - Surgical repair of root resorption – anterior

Descriptor:
For surgery on root of anterior tooth. Does not include placement of restoration.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is cervical resorption
- On teeth 6, 7, 8, 9,10, 11, 22, 23, 24, 25, 26, 27

Benefits not allowed:

- If not covered under the plan
- If there is internal resorption
- If there is apical resorption
- If there are necrotic pulps
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3472

CDT Code and Nomenclature

D3472 - Surgical repair of root resorption – premolar

Descriptor:
For surgery on root of premolar tooth. Does not include placement of restoration.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If not covered by the plan
- If there is cervical resorption
- On teeth 4, 5, 12, 13, 20, 21, 28, 29

Benefits not allowed:

- If not covered under the plan
- If there is internal resorption
- If there is apical resorption
- If there are necrotic pulps
- On Deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3473

CDT Code and Nomenclature

D3473 - surgical repair of root resorption – molar

Descriptor:
For surgery on root of molar tooth. Does not include placement of restoration.

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If not covered by the plan
- If there is cervical resorption

Benefits not allowed:

- If not covered under the plan
- If there is internal resorption
- If there is apical resorption
- If there are necrotic pulps
- On deciduous teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3501, D3502, D3503

CDT Code and Nomenclature

D3501 - surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502 - surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503 - surgical exposure of root surface without apicoectomy or repair of root resorption – molar

Documentation required for review:

- Pre-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If being done as an exploratory surgery to reach a diagnosis

Benefits not allowed:

- If not covered under the plan
- If done on the same day as apicoectomy (D3410, D3421, D3425) it will consider inclusive
- If done for the repair of cervical resorption (D3351, D3352, D3353) it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3910

CDT Code and Nomenclature

D3910 - surgical procedure for isolation of tooth with rubber dam

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with D3310 – D3330, D3346 – D3348, D3355 – D3357, D3950, D3110 – D3120, D3220 – D3222, D3230 – D3240, D3332, D3333, D3351 – D3353

Benefits not allowed:

- If not covered under the plan
- If submitted with D0120 - D0999, D1110 - D1999, D2140 – D2999, D4210 - D4999, D5110 - D5899, D5992 - D5999, D8010 - D8999, D9120 - D9999, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3920

CDT Code and Nomenclature

D3920 - hemisection (including any root removal), not including root canal therapy

Descriptor:
Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.

Documentation required for review:

- Pre-op and Post-op x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On posterior teeth 1, 2, 3, 5, 12, 14, 15, 16, 17, 18, 19, 30, 31, 32
- If submitted with a RCT

Benefits not allowed:

- If not covered under the plan
- On primary teeth
- If submitted with extractions, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3921

CDT Code and Nomenclature

D3921 - decoronation or submergence of an erupted tooth

Descriptor:
Intentional removal of coronal tooth structure for preservation of the root and surrounding bone.

Documentation required for review:

- Pre-op x-ray with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Allowed on teeth 1-32.
- Documentation of ankylosis or proximity and risk of damaging surrounding structures including sinus, nerve , teeth, etc.
- Tooth must be root canal therapied

Benefits not allowed:

- If not covered under the plan
- On teeth C-H; M-R
- When an extraction is indicated.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3950

CDT Code and Nomenclature

D3950 - canal preparation and fitting of preformed dowel or post

Descriptor:
Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On RCT teeth
- When the x-ray shows that a root canal was done and there is gutta percha

Benefits not allowed:

- If not covered under the plan
- If submitted with a RCT it will be considered inclusive
- If submitted with any restorative procedure it will be considered inclusive
- If reported in conjunction with D2952 D2953 D2954 or D2957

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Endodontics – D3999

CDT Code and Nomenclature

D3999 - unspecified endodontic procedure, by report

Descriptor:
Used for a procedure that is not adequately described by a code. Describe the procedure.

Documentation required for review:

- Narrative of medical necessity (All "By Report" procedures require a description)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If the described procedure does not have a valid CDT code

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4210, D4211

CDT Code and Nomenclature

D4210 - gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant

D4211 - gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor
It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon
- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- With pocket depths of at least 5 mm
- If necessary and appropriate due to hyperplastic tissue and/or horizontal bone loss for 4 or more teeth per quadrant with 2 or more residual probing depths > 5mm after initial therapy
- If there is a necessity to reduce soft tissue in order to restore the tooth due to gum line decay
- For full mouth D4210's, if performed due to drug induced gingival hyperplasia (Eg: such as Dilantin Hyperplasia)

Benefits not allowed:

- If not covered under the plan
- if being performed to access any restorative procedure including crowns
- If less than 5mm, allow if narrative supports gingival enlargement, aberrations (abnormal contouring of gum), or excessive gingival tissue.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4212

CDT Code and Nomenclature

D4212 - gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- Alone with no other procedures performed on same date for same tooth.

Benefits not allowed:

- If not covered under the plan
- If submitted in conjunction with D4212, it will deny inclusive
- If submitted with any crown preparation, it will deny inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4240, D4241

CDT Code and Nomenclature

D4240 - gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant

D4241 - gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor:

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth or fractured root. Other procedures may be required concurrent to D4240/D4241 and should be reported separately using their own unique codes

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- when pocket measurements are 5 mm or greater with slight to moderate bone loss

Benefits not allowed:

- If not covered under the plan
- if in conjunction with D4260, D4240 will be considered inclusive
- If in conjunction with D4261, D4240 and D4241 will be considered inclusive
- If less than 4 teeth meet the review guidelines, D4241 will apply

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4245

CDT Code and Nomenclature

D4245 - apically positioned flap

Descriptor:
Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits allowed:

- For exposure of impacted teeth (generally canines) to help bring the attached gingiva down with the tooth.
- For buccally positioned teeth that are close to the alveolar crest because the flap margin is sutured around the CEJ.
- For movement of attached mucosa around implants. If the implant site has inadequate keratinized mucosa, you could use that procedure to move the keratinized mucosa usually buccally

Benefits not allowed:

- If not covered under the plan
- If the impacted tooth is too mesial
- If the tooth is too high. It will leave a lot of exposed bone

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4249

CDT Code and Nomenclature

D4249 - clinical crown lengthening – hard tissue

Descriptor:
This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- with other procedures same date of service as long as the other procedures ARE NOT on the same tooth or quadrant
- At least 30 days of healing is required before final crown preparation
- 2 adjacent D4249 will be considered as 1

Benefits not allowed:

- If not covered under the plan
- in conjunction with any restorative procedure's same day same tooth
- for cosmetic purposes
- If D4249 is submitted in conjunction with D4210 D4211 D4260 D4261 same day, it will deny inclusive
- If D4249 is billed on the same date as restorative (D2140 – D2799), bridgework (D6545 – D6793)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4260, D4261

CDT Code and Nomenclature

D4260 - osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant

D4261 - osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor:
This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- when pocket measurements are 5 mm or greater
- when there is moderate to severe bone loss and evidence of osseous defects

Benefits not allowed:

- If not covered under the plan
- If submitted with any implant code by definition
- If submitted with any extraction code by definition
- D4249 is considered inclusive to D4260, D4261
- On the same day as D4341, D4342

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4263, D4264

CDT Code and Nomenclature

D4263 - bone replacement graft – retained natural tooth – first site in quadrant

D4264 - bone replacement graft – retained natural tooth – each additional site in quadrant

Descriptor:
This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits allowed:

- When the isolated site is 3 mm or deeper than the pocket measurement of the adjacent area/site when D4240 – D4241, D4260 – D4261 criteria is met
- For single submissions with flap procedure D4240, D4241
- 2 adjacent D4263, D4264 will be considered as 1
- Only allow 1 D4263 by definition

Benefits not allowed:

- If not covered under the plan
- If D4263, D4264 is submitted in conjunction with any implant code, by definition
- if D4263, D4264 is submitted with any oral surgery procedure (D7111 - D7999), same DOS, by definition
- If billed twice in same quadrant by definition. Please refer to D4264 for additional sites

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4265

CDT Code and Nomenclature

D4265 - biologic materials to aid in soft and osseous tissue regeneration, per site

Descriptor:
Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- for a single site of the biologic material (D4265) with flap procedure (D4240, D4260) when isolated site is 5 mm or deeper than the pocket measurement of the adjacent area (when D4240 - D4241, D4260 - D4261 criteria is met).

Benefits not allowed:

- If not covered under the plan
- If submitted with any oral surgery procedure (D7111 – D7999) same DOS, same tooth, by definition
- If submitted with bone graft (D4263, D4264) and/or GTR (D4266, D4267) same DOS and same area it will be considered inclusive.
- If submitted in conjunction with implant procedures, by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4266, D4267

CDT Code and Nomenclature

D4266 - guided tissue regeneration, natural teeth - resorbable barrier, per site

D4267 - guided tissue regeneration, natural teeth – non-resorbable barrier, per site (includes membrane removal)

Descriptor:
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- With a diagnosis of peri-implantitis
- When the isolated site is 3mm or deeper than the pocket measurement of the adjacent area or evidence of furcation involvement (when D4240 – D4241, D4260 – D4261 criteria is met)
- A minimum of 30 days is needed before a bone graft is placed

Benefits not allowed:

- If not covered under the plan
- If submitted with any oral surgery, endo and implant procedures (D7111-D7999; D3310-D3999), same DDS, same DOS, same tooth by definition
- If poor oral hygiene, smoking, tooth mobility, width of attached gingiva at defect site is greater than or equal to 0.5 mm, furcation with short root trunks, advanced lesions with little support, multiple defects and any medical condition that contraindicates surgery.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4268

CDT Code and Nomenclature

D4268 - Surgical revision procedure, per tooth

Descriptor:
This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth and adult teeth
- History of initial surgical procedure - Minimum 30 days post op initial soft tissue surgery,
- Minimum 45 days post op initial hard tissue surgery (allotted for healing time)
- Performed on natural teeth with a favorable prognosis.
- If two contiguous teeth have communicating interproximal osseous defect, should be considered a single site.

Benefits not allowed:

- If not covered under the plan
- Procedure considered inclusive if performed by the same provider
- When documentation does not meet the criteria of original surgical procedure.
- Situation appears to have a poor prognosis.
- For esthetic reasons
- As experimental procedures

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4270

CDT Code and Nomenclature

D4270 - pedicle soft tissue graft procedure

Descriptor:
A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth and adult teeth
- For class I or II recession
- On a per tooth basis only
- With documentation of loss of attached gingiva

Benefits not allowed:

- If not covered under the plan
- For pre orthodontic treatment. Treatment is considered speculative
- If multiple gingival recessions with inadequate attached gingiva
- If shallow vestibule
- Non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion
- Contraindicated for class IV recession
- If D4270 is submitted with D7111 - D7251 or with D6010 - D6199, same tooth or quad
- If D4270 is submitted with history of D7111 - D7251 or with history of D6010 - D6199, same tooth or quad

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4273, D4283

CDT Code and Nomenclature

D4273 - autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
Descriptor:
There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.

D4283 - autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
Descriptor
Used in conjunction with D4273.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- For one (1) D4273. For additional sites refer to D4283
- For class I or II recession
- On a per tooth basis only.
- With documentation of loss of attached gingiva.

Benefits not allowed:

- If not covered under the plan
- For pre orthodontic treatment - treatment is considered speculative.
- With multiple gingival recessions with inadequate attached gingiva, shallow vestibule, nonavailability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. contraindicated for class 4 recession

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4274

CDT Code and Nomenclature

D4274 - mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)

Descriptor:
This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, permit close flap adaptation and reduce pocket depths.

Benefits not allowed:

- If covered under the plan
- In an edentulous area
- On retained deciduous teeth and adult teeth

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- If submitted same day, same tooth or quad as osseous surgery D4260, D4261, D4270, D4273, D4283, D4275, D4285, D4276, D4277, D4278, these codes will be considered inclusive to D4274
- If submitted same day, same tooth or quad as D7211 - D7251, it will be considered inclusive

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4275, D4285

CDT Code and Nomenclature

D4275 - non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
Descriptor:
There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present

D4285 - non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
Descriptor
Used in conjunction with D4275

Documentation required for review:

- Narrative of medical necessity
- Pre-op x-rays
- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth and adult teeth
- For one (1) D4275. For additional sites refer to D4285
- With frenum involvement
- For class I or II recession
- With loss of gingival attachment
- When there is no vestibule depth
- If administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- If not covered under the plan
- For pre orthodontic treatment - treatment is considered speculative.
- If multiple gingival recessions with inadequate attached gingiva, shallow vestibule, non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. Contraindicated for class 4 recession

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4286

CDT Code and Nomenclature

D4286 - removal of non-resorbable barrier

Documentation required for review:

- Narrative of medical necessity
- Clinical Photos if available
- Date of original barrier placement

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- When supportive docs warrant code
- Allowed if placed by different provide

Benefits not allowed:

- If not covered under the plan
- If the barrier was placed by the same provider, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4276

CDT Code and Nomenclature

D4276 - combined connective tissue and pedicle graft, per tooth

Descriptor:
Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome

Documentation required for review:

- Narrative of medical necessity
- Pre-op x-rays
- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth and adult teeth
- For class II or III recession
- If there is frenum involvement
- If there is loss of gingival attachment
- If no vestibule depth
- On a per site basis but can be submitted with a tooth or teeth range
- if performed for aesthetics purposes

Benefits not allowed:

- If not covered under the plan
- For pre orthodontic treatment - treatment is considered speculative.
- If multiple gingival recessions with inadequate attached gingiva, shallow vestibule, non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. Contraindicated for class 4 recession
- If D4276 is submitted with history of D6010 - D6199 or with history of D7111 - D7251, same tooth or quad
- If D4276 is submitted same day as D6010 - D6199 or with D7111 - D7251, same tooth or quad

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4277

CDT Code and Nomenclature

D4277 - free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- For (1) D4277. Additional sites refer to D4278
- On retained deciduous teeth and adult teeth
- With frenum involvement
- With loss of gingival attachment
- When there is no vestibule depth
- If administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- If not covered under the plan
- For pre orthodontic treatment - treatment is considered speculative.
- With multiple gingival recessions with inadequate attached gingiva, shallow vestibule, nonavailability of donor tissue
- If photos are not available and Consultant can't make a decision on narrative and x-ray alone
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. Contraindicated for class 4 recession
- If performed for aesthetic purposes
- If free soft tissue graft (D4277) is submitted with soft tissue allograft (D4275), D4277 will be considered inclusive to D4275

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics –D4278

CDT Code and Nomenclature

D4278 - free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site

Descriptor
Used in conjunction with D4277

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- When submitted with a D4277
- On retained deciduous teeth and adult teeth
- With frenum involvement
- With loss of gingival attachment
- When there is no vestibule depth
- If administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- If not covered under the plan
- If photos are not available and Consultant can't make a decision on narrative and x-ray alone
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. Contraindicated for class 4 recession
- If performed for aesthetic purposes
- If submitted with history of D7111 – D7251 same tooth, same quadrant
- If submitted on the same day as D7111 – D7251

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4322, D4323

CDT Code and Nomenclature

D4322 - splint – intra-coronal; natural teeth or prosthetic crowns

Descriptor
Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength

D4323 - splint – extra-coronal; natural teeth or prosthetic crowns

Descriptor
Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative FMX with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth and adult teeth
- Narrative must address method used for stabilization.
- To stabilize teeth following acute trauma with a good prognosis
- Indicated to prevent drifting and extrusion of unopposed tooth/teeth

Benefits not allowed:

- If not covered under the plan
- Occlusal stability and optimal periodontal conditions cannot be obtained
- Poor oral hygiene
- Insufficient number of non-mobile teeth to adequately stabilize mobile teeth
- Presence of occlusal interference
- High caries activity
- Overall poor prognosis
- Crowding and misaligned teeth that may compromise the utility of splint
- With history or same day as D7111-D7251 by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4341, D4342

CDT Code and Nomenclature

D4341 - Periodontal scaling and root planing - 4 or more teeth per quadrant

D4342 - Periodontal scaling and root planing - 1 to 3 teeth, per quadrant

Descriptor
This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative FMX with R and L directions indicated

Clinical Evidence and References

ADA – American Dental Association - C:\Users\nrodriguez\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\MWLX2XB1\ADA_Chairside_Guide_Periodontitis.pdf

American Association of Periodontology

Benefits allowed:

- when perio charting measurements correlate with crestal and interproximal bone
- A prophylaxis (D1110) will be allowed with up to D4341/D4342 with supporting documentation. Only one occurrence of D4341/D4342 per quadrant is allowed
- With documentation of periodontal disease evidenced in radiographs and attributable to a loss of attachment and in conjunction with a minimum of 4 mm pockets.
- Radiographs must show pathologic alveolar crest height (beyond the normal 1-1.5 mm distance to the cemento-enamel junction), as exposure to the cemental surfaces of the roots is necessary for the procedure as defined.
- If 4mm pocket present with no BOP - reviewer can approve based on all clinical findings(horizontal/vertical bone loss, evidence of calculus, description in narrative).

Benefits not allowed:

- If not covered under the plan
- If D4341/D4342 is submitted with D4240/D4241 same tooth or quad same date of service, the D4341/D4342 will be considered inclusive to D4240/D4241
- When in conjunction with D4355/D4346
- If performed with laser
- If submitted with D4240, D4241 it will be considered inclusive
- If submitted on the same day as D4260, D4261

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4346

CDT Code and Nomenclature

D4346 - scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

Descriptor
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized supra-bony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Documentation required for review:

- Pre-op x-rays
- Current (within 6 months) 6-point perio charting

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If submitted with history of D4240 – D4278; D4341 – D4342; D4355; D4245 – D4249; D4263 – D4268; D4260 – D4261; D4910
- If submitted with D4355 or D4341 – D4342 by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4355

CDT Code and Nomenclature

D4355 - Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

Benefits allowed:

- If covered under the plan

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- If D4355 is submitted in conjunction with D4341/D4342, it will be considered inclusive
- In conjunction with fluoride

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4381

CDT Code and Nomenclature

D4381 - localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

Descriptor
FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

Documentation required for review:

- Complete, 6-point perio charting **reflective of same date of service** indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If submitted with D4910
- with pocket depths of at least 5 mm
- after adequate healing post operative 6 weeks after active periodontal service

Benefits not allowed:

- If not covered under the plan
- In the absence of periodontal disease
- On the same date of service as D4341/D4342/D4355/D4346/D1110
- With extractions or endodontic therapy
- With crown/bridge codes
- With D6081 (scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure)
- On third molars
- If anatomical defects are present
- If the use of LDA (Locally delivered antimicrobials) has failed to control periodontitis – reduction of periodontal pocket

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4910

CDT Code and Nomenclature

D4910 - periodontal maintenance

Descriptor
This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Benefits allowed:

- With history of periodontal therapy/surgery

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4921

CDT Code and Nomenclature

D4921 - Gingival irrigation with a medicinal agent - per quadrant

Benefits not allowed:

- If covered under the plan
- If submitted with a D4910
- After 6 weeks of perio history (4210 4211 4212 4240 4241 4260 4261 4341 4342 4910)

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan
- Submitted same date as any D4210 D4211 D4212 D4240 D4241 D4260 D4261 or D4341 D4342 D4355 D1110 D4346, deny same day
- If no perio history of these codes: (4210 4211 4212 4240 4241 4260 4261 4341 4342 4910)
- if submitted less than 6 weeks after perio history (4210 4211 4212 4240 4241 4260 4261 4341 4342 4910)
- If D4921 is submitted and there is no perio history
- if D4921 is submitted with D4381 same quad, same d.o.s., mark D4921 inclusive in conjunction with extractions (D711-D7251), D4249, or any endodontic procedure (D3110-D3999)

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Periodontics – D4999

CDT Code and Nomenclature

D4999 - unspecified periodontal procedure, by report

Descriptor
Used for a procedure that is not adequately described by a code. Describe the procedure

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan
- If submitted as a bacterial decontaminant with the use of laser in conjunction with D4921

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5110, D5120

CDT Code and Nomenclature

D5110 - complete denture - maxillary

D5120 - complete denture - mandibular

Benefits allowed:

- If covered under the plan

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5130, D5140

CDT Code and Nomenclature

D5130 - immediate denture – maxillary
D5140 - immediate denture – mandibular

Descriptor
Includes limited follow-up care only; does not include required future rebasing / relining procedure(s)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Date of extractions if not listed on the claim form
- Denture delivery date
- If replacement: date of previous placement and reason for replacement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Extraction must be done on same date of service as denture in order to qualify as an "immediate“
- If extractions are done by OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS

Benefits not allowed:

- If not covered under the plan
- If extractions are not done on the same date as the denture delivery by same provider, the immediate denture will be recoded to a complete denture code (D5110/D5120)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5211, D5212, D5213, D5214, D5225, D5226

CDT Code and Nomenclature

D5211 - maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5212 - mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5213 - maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 - mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 - maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226 - mandibular partial denture - flexible base (including any clasps, rests and teeth)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Indication of extraction(s) for non-restorable teeth in arch

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If extractions are done by an OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS
- We can consider partial benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Continue next page

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5211, D5212, D5213, D5214, D5225, D5226

CDT Code and Nomenclature

D5211 - maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5212 - mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5213 - maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 - mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 - maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226 - mandibular partial denture - flexible base (including any clasps, rests and teeth)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Indication of extraction(s) for non-restorable teeth in arch

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
    - One tooth must be on the contralateral side of the other.
    - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
    - One tooth must be on the contralateral side of the others
    - General guidelines for abutments apply.

Benefits not allowed:

- If not covered under the plan
- If submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5221, D5222, D5223, D5224

CDT Code and Nomenclature

D5221 - immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222 - immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223 - immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 - immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

Descriptor
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If extractions are done by an OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS
- We can consider partial benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Continued next page

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5221, D5222, D5223, D5224

CDT Code and Nomenclature

D5221 - immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222 - immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223 - immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 - immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

Descriptor
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Date of extractions if not listed on the claim form
- Denture delivery date
- If replacement: date of previous placement and reason for replacement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
    - One tooth must be on the contralateral side of the other.
    - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
    - One tooth must be on the contralateral side of the others
    - General guidelines for abutments apply.

Benefits not allowed:

- If not covered under the plan
- If submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5227, D5228

CDT Code and Nomenclature

D5227 - immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)

D5228 - immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Denture delivery/seat date

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If extractions are done by an OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS
- We can consider partial benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Continued next page

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5227, D5228

CDT Code and Nomenclature

D5227 - immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)

D5228 - immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Denture delivery/seat date

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
    - One tooth must be on the contralateral side of the other.
    - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
    - One tooth must be on the contralateral side of the others
    - General guidelines for abutments apply.

Benefits not allowed:

- If not covered under the plan
- If submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5282, D5283, D5284, D5286

CDT Code and Nomenclature

D5282 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary

D5283 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Indication of extraction(s) for non-restorable teeth in arch

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- We can consider partial benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Continue next page

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5282, D5283, D5284, D5286

CDT Code and Nomenclature

D5282 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary

D5283 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

D5284 - removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant

D5286 - removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Indication of extraction(s) for non-restorable teeth in arch

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
  - One tooth must be on the contralateral side of the other.
  - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
  - One tooth must be on the contralateral side of the others
  - General guidelines for abutments apply.

Benefits not allowed:

- If not covered under the plan
- If submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5410, D5411

CDT Code and Nomenclature

D5410 - adjust complete denture - maxillary
D5411 - adjust complete denture – mandibular

Benefits allowed:

- If covered under the plan
- After 12 months from initial placement of D5110, D5130, D5863, D5810 OR D5120, D5140, D5865, D5811 by any provider

Documentation required for review:

- Date of initial denture placement

Benefits not allowed:

- If not covered under the plan
- if submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted within 12 months by a different provider than the one who delivered it

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5421, D5422

CDT Code and Nomenclature

D5421 - adjust partial denture – maxillary
D5422 - adjust partial denture - mandibular

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- After 12 months from initial placement of D5211, D5213, D5225, D5221, D5223, D5227, D5282, D5284, D5286, D5820, D5864 OR D5212, D5214, D5222, D5224, D5226, D5228, D5821, D5867, D5283 by any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted within 12 months by a different provider than the one who delivered it
- if submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5511, D5512, D5520

CDT Code and Nomenclature

D5511 - repair broken complete denture base, mandibular
D5512 - repair broken complete denture base, maxillary
D5520 - replace missing or broken teeth - complete denture (per tooth)

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted more than 12 months from initial placement of D5120, D5140, D5865, D5811, OR D5110, D5130, D5863, D5810 with any provider.

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive.
- If submitted within 12 months by a different provider than the one who delivered it.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) –D5611, D5612

CDT Code and Nomenclature

D5611 - repair resin partial denture base, mandibular
D5612 - repair resin partial denture base, maxillary

Benefits allowed:

- If covered under the plan
- If submitted more than 12 months from initial placement of D5212, D5226, D5222, D5228, D5284, D5286, D5821, D5866, OR D5211, D5225, D5221, D5227, D5284, D5286, D5820, D5864 with any provider

Documentation required for review:

- Date of initial denture placement

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted within 12 months by a different provider than the one who delivered it
- If submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5621, D5622

CDT Code and Nomenclature

D5621 - repair cast partial framework, mandibular
D5622 - repair cast partial framework, maxillary

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted more than 12 months from initial placement of D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5284, D5286, D5821, D5866, OR D5211, D5213, D5225, D5221, D5223, D5227, D5282, D5284, D5286, D5820, D5864 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted within 12 months by a different provider than the one who delivered it
- if submitted and there is history of a full denture D5110, D5130, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5630, D5640

CDT Code and Nomenclature

D5630 - repair or replace broken retentive clasping materials – per tooth
D5640 -Replace missing or broken teeth – partial denture – per tooth

Documentation required for review:

- Date of initial denture placement

Benefits allowed:

- If covered under the plan
- If submitted more than 12 months from initial placement of D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5284, D5286, D5821, D5866, OR D5211, D5213, D5225, D5221, D5223, D5227, D5282, D5284, D5286, D5820, D5864 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted within 12 months by a different provider than the one who delivered it

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5650, D5660, D5670, D5671

CDT Code and Nomenclature

D5650 - Add tooth to existing partial denture – per tooth
D5660 - Add clasp to existing partial denture – per tooth
D5670 - Replace all teeth and acrylic on cast metal framework (maxillary)
D5671 - Replace all teeth and acrylic on cast metal framework (mandibular)

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted more than 12 months from initial placement of D5211, D5213, D5225, D5221, D5223, D5227, D5282, D5284, D5286, D5820, D5864, D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5284, D5286, D5821, D5866 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted by a different provider than the one who delivered it

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5710, D5711, D5720, D5721, D5725

CDT Code and Nomenclature

D5710 - Rebase complete maxillary denture
D5711 - Rebase complete mandibular denture
D5720 - Rebase maxillary partial denture
D5721 - Rebase mandibular partial denture
D5725 - Rebase hybrid prosthesis

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- if submitted more than 6 months from initial placement of D5110, D5130, D5863, D5810, D5120, D5140, D5865, D5811 D5211, D5213, D5225, D5221, D5223, D5227, D5282, D5820, D5864 D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months by the same provider who delivered the denture, it will be considered inclusive
- If submitted by a different provider than the one who delivered it

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5730

CDT Code and Nomenclature

D5730 - Reline complete maxillary denture (direct)

Benefits allowed:

- If covered under the plan
- If submitted more than 6 months after initial placement of codes D5110, D5130, D5863, D5810, D5120, D5140, D5865, D5811, D6110 with any provider

Benefits not allowed:

- If not covered under the plan
- if submitted within 6 months of initial placement by the same dentist who did the denture D5110, D5130, D5863, D5810, D6110 mark E8005 inclusive
- if submitted within 6 months by a different provider than the one who did the dentures D5110, D5130, D5863, D5810, D6110 mark inclusive E8005

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5731

CDT Code and Nomenclature

D5731 - Reline complete mandibular denture (direct)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5120, D5140, D5865, D5811, D6111 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5120, D5140, D5865, D5811, D6111 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5120, D5140, D5865, D5811, D6111 mark inclusive E8005

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5740

CDT Code and Nomenclature

D5740 - Reline partial maxillary denture (direct)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864, D6112 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864, D6112 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864, D6112 mark inclusive E8005
- If submitted and there is history of any of these repairs/relines/adjustments/rebases D5410 D5512 D5710 D5730 D5750, mark inclusive D8005.

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5741

CDT Code and Nomenclature

D5741 - Reline partial mandibular denture (direct)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866, D6113, with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866, D6113 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866, D6113 mark inclusive E8005
- If submitted and there is history of any of these repairs/relines/adjustments/rebases D5411 D5511 D5711 D5731 D5751, mark inclusive 8005

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5750

CDT Code and Nomenclature

D5750 - Reline complete maxillary denture (indirect)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5110, D5130, D5863, D5810, D6110 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5110, D5130, D5863, D5810, D6110 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5110, D5130, D5863, D5810, D6110 mark inclusive E8005
- If submitted and there is history of any of these repairs/relines/adjustments/rebases,D5410 D5512 D5710 D5730 D5750, within 6months, mark inclusive D8005.

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5751

CDT Code and Nomenclature

D5751 - Reline complete mandibular denture (indirect)

Documentation required for review:

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5120, D5140, D5865, D5811 D6111 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5120, D5140, D5865, D5811, D6111 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5120, D5140, D5865, D5811, D6111 mark inclusive E8005

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Prosthodontic (Removable) – D5760

CDT Code and Nomenclature

D5760 - Reline partial maxillary denture (indirect)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864 D6112 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864, D6112 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5211, D5213, D5225, D5221, D5223, D5227, D5286, D5820, D5864, D6112 mark inclusive E8005
- If submitted and there is history of any of these repairs/relines/adjustments/rebases D5410 D5512 D5710 D5730 D5750, mark inclusive D8005.

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) –D5761

CDT Code and Nomenclature

D5761 - Reline partial mandibular denture (indirect)

Documentation required for review:

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted after 6 months of initial placement of codes D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866, D6113 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement by the same dentist who did the denture D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D5866, D6113 mark inclusive E8005
- If submitted within 6 months by a different provider than the one who did the dentures D5212, D5214, D5226, D5222, D5224, D5228, D5283, D5821, D58664, D6113 mark inclusive E8005
- If submitted and there is history of any of these repairs/relines/adjustments/rebases D5411 D5511 D5711 D5731 D5751, mark inclusive D8005

- Claims - if no history or member is new with Solstice request age of original denture
- FOR PRE-D ONLY. If a reline is submitted, allow with EOB 8005

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5765

CDT Code and Nomenclature

D5765 - Soft liner for complete or partial removable denture – indirect

Description
A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated

Documentation required for review:

- Date of initial denture placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted more than 6 months after initial placement of codes D5110, D5120, D5130, D5140, D5810, D5811, D5863, D5865, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5820, D5821, D5864, D5866, D5282, D5283, D5284, D5286 with any provider

Benefits not allowed:

- If not covered under the plan
- If submitted within 6 months of initial placement of codes D5110, D5120, D5130, D5140, D5810, D5811, D5863, D5865, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5820, D5821, D5864, D5866, D5282, D5283, D5284, D5286 it will be considered inclusive
- If submitted by a different provider other than the one who did the dentures D5110, D5120, D5130, D5140, D5810, D5811, D5863, D5865, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5820, D5821, D5864, D5866, D5282, D5283, D5284, D5286

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5810, D5811

CDT Code and Nomenclature

D5810 - Interim complete denture – maxillary
D5811 - Interim complete denture - mandibular

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Initial placement if extractions are necessary and appropriate. (Initial denture placement subject to Missing tooth limitation.)
- Replacement if prior prosthesis 5 years old and unserviceable (cannot be made serviceable by reline or repair)
- If interim is billed for member going through implant placement and waiting for healing
- Benefits are allowed only prior to a complete denture, not immediate denture.

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5820, D5821

CDT Code and Nomenclature

D5820 - interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary
D5821 - interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Prior to a complete denture, not immediate denture. If prior prosthesis is unserviceable and can't be repaired
- If member is going through implant placement and waiting for healing
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Continue next page

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5820, D5821

CDT Code and Nomenclature

D5820 - interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary
D5821 - interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular

Benefits allowed:

- If covered under the plan
- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
    - One tooth must be on the contralateral side of the other.
    - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
    - One tooth must be on the contralateral side of the others
    - General guidelines for abutments apply

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If there is history of a full denture, D5110, D5120, D5863, D5810, D5120, D5140, D5811, D5865 OR D5410, D5512, D5710, D5730, D5750, D5411, D5511, D5711, D5731, D5751

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5850, D5851

CDT Code and Nomenclature

D5850 - Tissue conditioning – maxillary
D5851 - Tissue conditioning – mandibular

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted more than 6 months after initial placement of codes D5110, D5130, D5863, D5810, D5211, D5213, D5225, D5221, D5223, D5227, D5820, D5864with any provider

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5862

CDT Code and Nomenclature

D5862 - precision attachment, by report

Descriptor
Each pair of components is one precision attachment. Describe the type of attachment used.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When crown or coping is present

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontic (Removable) – D5899

CDT Code and Nomenclature

D5899 - Unspecified removable prosthodontic procedure, by report

Descriptor:
Use for a procedure that is not adequately described by a code. Describe procedure.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If not covered under the plan
- If there is no code that describes the service

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6190

CDT Code and Nomenclature

D6190 - radiographic/surgical implant index, by report

Descriptor: An appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- One per arch. Any additional will be considered inclusive
- For a single implant in an edentulous space only when edentulous spaces are present to the mesial AND distal of placement site

Benefits not allowed:

- If not covered under the plan
- for a single implant when a tooth or implant is present in the immediate mesial and/or distal space
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6010

CDT Code and Nomenclature

D6010 - surgical placement of implant body: endosteal implant

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On same date as extraction, same tooth
- Healing after graft placement of at least 3 months, if implant is not placed on same date as extraction
- The implant site must have healed appropriately before the procedure.
- Adequate bone support for the implant body
  The bone volume should allow for 2mm of bone to surround the implant and may be verified by volumetric tomography
- The implant site should have adequate attached gingiva.
- The bone and structures surrounding the implant should be free of pathology
- The edentulous space should be adequate for the implant and the replacement crown. The space being replaced should be at least 2/3 the size of the tooth being replaced.

Benefits not allowed:

- If not covered under the plan
- If bone level is inadequate

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6011

CDT Code and Nomenclature

D6011 -surgical access to an implant body (second stage implant surgery)
Descriptor
This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed.

Documentation required for review:

- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Must have implant coverage
- By a different provider then the one that placed the implant
- Narrative must make mention osseous overgrowth of implant fixture upon second stage surgery

Benefits not allowed:

- If not covered under the plan
- Deny inclusive if this code is submitted by the same provider that placed the implant within 12 months

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6012

CDT Code and Nomenclature

D6012 -surgical placement of interim implant body for transitional prosthesis: endosteal implant

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If not covered under the plan
- If interim implant will be in place for at least 12 months prior to final permanent placement
- On same date as extraction, same tooth
- Healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- If bone level is of adequate amount

Benefits not allowed:

- If not covered under the plan
- If bone is inadequate

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6013

CDT Code and Nomenclature

D6013 -Surgical placement of mini implant

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On same date as extraction, same tooth
- Healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- If bone level is of adequate amount

Benefits not allowed:

- If not covered under the plan
- If bone is inadequate

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6040, D6050

CDT Code and Nomenclature

D6040 - Surgical placement: eposteal implant

Descriptor
An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.

D6050 - Surgical placement: transosteal implant

Descriptor
A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated

Benefits allowed:

- If covered under the plan
- On same date as extraction, same tooth
- Healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- If bone level is of adequate amount

Benefits not allowed:

- If not covered under the plan
- If bone is inadequate

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6040, D6050

CDT Code and Nomenclature

D6040 - Surgical placement: eposteal implant

Descriptor
An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.

D6050 - Surgical placement: transosteal implant

Descriptor
A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On same date as extraction, same tooth
- Healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- If bone level is of adequate amount

Benefits not allowed:

- If not covered under the plan
- If bone is inadequate

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6100

CDT Code and Nomenclature

D6100 - surgical removal of implant body

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is periodontal involvement
- If implant related
- If poor prognosis
- If there is material rejection
- If there is failure to integrate
- If there is peri-implantitis
- If there are metabolic disorders
- If patient undergoing radiation or chemotherapy

Benefits not allowed:

- If not covered under the plan
- if the implant has good prognosis
- proper integration

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6105

CDT Code and Nomenclature

D6105 - removal of implant body not requiring bone removal nor flap elevation

Documentation required for review:

- Pre and Post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is periodontal involvement
- If implant related
- If poor prognosis
- If there is material rejection
- If there is failure to integrate
- If there is peri-implantitis
- If there are metabolic disorders
- If patient undergoing radiation or chemotherapy

Benefits not allowed:

- If not covered under the plan
- if the implant has good prognosis
- proper integration

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6106

CDT Code and Nomenclature

D6106 - guided tissue regeneration – resorbable barrier, per implant
Descriptor
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- With a diagnosis of peri-implantitis
- When the isolated site is 3mm or deeper than the pocket measurement of the adjacent area or evidence of furcation involvement (when D4240 – D4241, D4260 – D4261 criteria is met)
- A minimum of 30 days is needed before a bone graft is placed

Benefits not allowed:

- If not covered under the plan
- If submitted with any oral surgery procedure (D7111 – D7999) same DOS, same tooth, by definition
- If submitted with bone graft (D4263, D4264) and/or GTR (D4266, D4267) same DOS and same area it will be considered inclusive.
- If submitted in conjunction with implant procedures, by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6107

CDT Code and Nomenclature

D6107 - guided tissue regeneration – non-resorbable barrier, per implant

Descriptor

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- With a diagnosis of peri-implantitis
- When the isolated site is 3mm or deeper than the pocket measurement of the adjacent area or evidence of furcation involvement (when D4240 – D4241, D4260 – D4261 criteria is met)
- A minimum of 30 days is needed before a bone graft is placed

Benefits not allowed:

- If not covered under the plan
- If submitted with any oral surgery procedure (D7111 – D7999) same DOS, same tooth, by definition
- If submitted with bone graft (D4263, D4264) and/or GTR (D4266, D4267) same DOS and same area it will be considered inclusive.
- If submitted in conjunction with implant procedures, by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6056, D6057

CDT Code and Nomenclature

D6056 - prefabricated abutment – includes modification and placement
Descriptor
Modification of a prefabricated abutment may be necessary

D6057 - custom fabricated abutment – includes placement
Descriptor
Created by a laboratory process, specific for an individual application.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered by the plan
- With evidence of implant placement

Benefits not allowed:

- If not covered under the plan
- If poor prognosis

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6051

CDT Code and Nomenclature

D6051 - Placement of interim implant abutment
Descriptor
A healing cap is not an interim abutment

Documentation required for review:

- Pre-operative x-rays

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered by the plan
- D6051 and interim implant crown D6085 would be placed together awaiting definitive treatment
- D6051-Narrative must comment on attempt to contour tissue for final restoration - primarily in the esthetic zone

Benefits not allowed:

- If not covered under the plan
- Immediate load not covered

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6110, D6111, D6112, D6113

CDT Code and Nomenclature

D6110 - implant /abutment supported removable denture for edentulous arch – maxillary
D6111 - implant /abutment supported removable denture for partially edentulous arch – mandibular
D6112 - implant /abutment supported removable denture for partially edentulous arch – Maxillary
D6113 - implant /abutment supported removable denture for partially edentulous arch – Mandibular

Documentation required for review:

- Full arch images with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is evidence of implant placement and abutment
- Implant criteria met
- Minimum of 2 implants posterior to the lateral incisors and one on each quadrant

Benefits not allowed:

- If not covered under the plan
- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6114, D6115, D6116, D6117, D6118, D6119

CDT Code and Nomenclature

D6114 - implant /abutment supported fixed denture for edentulous arch – maxillary
D6115 - implant /abutment supported fixed denture for edentulous arch – mandibular
D6116 - implant /abutment supported fixed denture for partially edentulous arch– Maxillary
D6117 - implant /abutment supported fixed denture for partially edentulous arch– Mandibular
D6118 - implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119 - implant/abutment supported interim fixed denture for edentulous arch – maxillary
removable denture for partially edentulous arch – Mandibular

Documentation required for review:

- Full arch images with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the p lan
- Implant present on x-ray
- Implant criteria met
- Minimum of 2 implants posterior to the lateral incisors and one on each quadrant

Benefits not allowed:

- If not covered under the plan
- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094

CDT Code and Nomenclature

D6058 - abutment supported porcelain/ceramic crown
Descriptor
A single crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6059 - abutment supported porcelain fused to metal crown (high noble metal)
D6060 - abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 - abutment supported porcelain fused to metal crown (noble metal)
Descriptor
A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant
D6062 - abutment supported cast metal crown (high noble metal)
D6063 - abutment supported cast metal crown (predominantly base metal)
D6064 - abutment supported cast metal crown (noble metal)
Descriptor
A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant
D6094 - abutment supported crown - (titanium)
Descriptor
A single crown restoration that is retained, supported and stabilized by an abutment on an implant. May be cast or milled.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- With evidence of implant placement
- When previous crown (if replacement) is not serviceable and cannot be repaired

Benefits not allowed:

- If not covered under the plan
- If poor prognosis

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6065, D6066, D6067

CDT Code and Nomenclature

D6065 - implant supported porcelain/ceramic crown
Descriptor
A single crown restoration that is retained, supported and stabilized by an implant.
D6066 - implant supported crown - porcelain fused to high noble alloys
Descriptor
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
D6067 - implant supported crown - high noble alloys
Descriptor
A single metal crown restoration that is retained, supported and stabilized by an implant

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Benefits allowed:

- If covered under the plan
- If there is evidence of implant placement
- Prognosis of implant is good
- If the previous crown is not serviceable and cannot be repaired

Benefits not allowed:

- If not covered under the plan
- If poor prognosis

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6068, D6069, D6070, D6071, D6072, D6073, D6074

CDT Code and Nomenclature

D6068 - abutment supported retainer for porcelain/ceramic FPD
D6069 - abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 - abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 - abutment supported retainer for porcelain fused to metal FPD (noble metal)
Descriptor:
A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6072 - abutment supported retainer for cast metal FPD (high noble metal)
D6073 - abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 - abutment supported retainer for cast metal FPD (noble metal)
Descriptor
A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is evidence of implant placement
- Prognosis of implant is good
- If the previous crown is not serviceable and cannot be repaired

Benefits not allowed:

- If not covered under the plan
- If poor prognosis

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services – D6193

CDT Code and Nomenclature

D6193 - replacement of an implant screw

Documentation required for review:

- Pre-operative x-rays
- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative must mention prior screw retro-torque, abutment loose, or screw deformation/strip, etc. on permanent implant restoration

Benefits not allowed:

- If not covered under the plan
- If no implant coverage
- If temporary implant restoration
- If within 12 months of insert, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6075, D6076, D6077

CDT Code and Nomenclature

D6075 - implant supported retainer for ceramic FPD
Descriptor
A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.
Descriptor
D6076 - implant supported retainer for FPD - porcelain fused to high noble alloys
Descriptor
A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.
D6077 - implant supported retainer for metal FPD - high noble alloys
Descriptor
A metal retainer for a fixed partial denture that gains retention, support and stability from an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is evidence of implant placement
- Prognosis of implant is good
- If the previous crown is not serviceable and cannot be repaired

Benefits not allowed:

- If not covered under the plan
- If poor prognosis

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6097

CDT Code and Nomenclature

D6097 - Abutment supported crown - porcelain fused to titanium and titanium alloys
Descriptor
A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Implant present on x-ray
- Implant criteria met (please refer to implant-clinical criteria)
- If proper physiological crown space

Benefits not allowed:

- If not covered under the plan
- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services–D6098, D6099, D6121, D6122, D6123

CDT Code and Nomenclature

D6098 - implant supported retainer - porcelain fused to predominantly base alloys
D6099 -implant supported retainer for FPD - porcelain fused to noble alloys
Descriptor
A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6122 - implant supported retainer for metal FPD – noble alloys stability from an implant.
D6123 - implant supported retainer for metal FPD – titanium and titanium alloys

Descriptor
A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If there is evidence of implant placement
- If implant criteria met
- If proper physiological crown space
- With no more than 2 pontics between implants

Benefits not allowed:

- If not covered under the plan
- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement
- If cantilever

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6080

CDT Code and Nomenclature

D6080 - Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments

Descriptor

This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s).

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Benefits allowed:

- If covered under the plan
- Implant present on x-ray
- Prosthesis present on x-ray
- One per arch

Benefits not allowed:

- If not covered under the plan
- If submitted with D6081 it is considered inclusive
- If submitted with a single implant deny

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6081

CDT Code and Nomenclature

D6081 - Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure

Descriptor

This procedure is not performed in conjunction with D1110, D4910, or D4346.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Periodontal Charting

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Complete, Current, 6 point Periodontal Charting is submitted and indicates pocket depths of at least 4 mm with pathology, implant mobility, bleeding upon probing, gingival recession, etc.
- With documentation of periodontal disease evidenced in radiographs and attributable to a loss of attachment
- Radiographs must show pathologic loss of alveolar crest height

Benefits not allowed:

- If not covered under the plan
- If performed with laser
- If submitted with D1110 or D4910 or D4346
- If submitted with D4341/D4342/D4240/D4241 same quadrant it is considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6082, D6083, D6084, D6086, D6087, D6088

CDT Code and Nomenclature

D6082 - Implant supported crown - porcelain fused to predominantly base alloys
D6083 - Implant supported crown - porcelain fused to noble alloys
D6084 - Implant supported crown - porcelain fused to titanium and titanium alloys

Descriptor
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If implant present on x-ray
- If implant criteria met
- If proper physiological crown space

Benefits not allowed:

- If not covered under the plan
- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6085

CDT Code and Nomenclature

D6085 - interim implant crown

Descriptor
Placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis

Benefits allowed:

- If covered under the plan
- After 12 months of initial implant insertion.
- When supported by narrative and pre-op x-ray
- Additional documentation may be requested

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6089

CDT Code and Nomenclature

D6089 - accessing and retorquing loose implant screw - per screw

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- After 12 months of initial implant insertion.
- When supported by narrative and pre-op x-ray
- Additional documentation may be requested

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6090

CDT Code and Nomenclature

D6090 - Repair of implant/abutment supported prosthesis

Benefits allowed:

- If covered under the plan
- After 12 months of initial implant insertion
- When supported by narrative

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If submitted within 12 months of initial insertion deny inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6092

CDT Code and Nomenclature

D6092 - re-cement or re-bond implant/abutment supported crown

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Limited to those performed more than 12 months after initial insertion
- If the D6092 is submitted within 12 months of the original crown being seated, deny the D6092 inclusive to the crown.
- If more than two reporting's within a 6 month period, investigate for possible duplicate service.

Benefits not allowed:

- If D6092 is submitted on the same DOS, same DDS as D2710 – D2799, consider the D6092 inclusive to the D2710 - D2799."
- if billed with any endo claim - deny inclusive E72
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6093

CDT Code and Nomenclature

D6093 - Re-cement or re-bond implant/abutment supported fixed partial denture

Documentation required for review:

Seat date of original implant placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- After 12 months of original placement

Benefits not allowed:

- if within 12 months of original placement of codes: D6068-D6077, D6098- D6099, D6120- D6123, D6194,D6195, D6710, D6720 - 6722, 6740, D6750 - D6753, D6780 - D6784, D6790-D6794, it will be considered inclusive
- if no implant coverage
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6095

CDT Code and Nomenclature

D6095 -Repair implant abutment, by report - DELETED CODE 2025 - REMOVE 2026

Descriptor

This procedure involves the repair or replacement of any part of the implant abutment.

Documentation required for review:

- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- After 12 months of initial implant insertion
- When supported by narrative
- Additional documentation may be requested

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6096

CDT Code and Nomenclature

D6096 - Remove broken implant retaining screw

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If supported by x-rays and /or narrative of medical necessity

Benefits not allowed:

- If within 12 months of delivery/insert it will be considered inclusive
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6120, D6121, D6122, D6195

CDT Code and Nomenclature

D6120 - Implant supported retainer – porcelain fused to titanium and titanium alloys
Descriptor
A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.

D6121 - Implant supported retainer for metal FPD – predominantly base alloys
D6122 - Implant supported retainer for metal FPD – noble alloys
Descriptor
A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant

D6195 - Abutment supported retainer - porcelain fused to titanium and titanium alloys
Descriptor
A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Date of initial implant placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Implant present on x-ray
- Implant criteria met
- If proper physiological crown space

Benefits not allowed:

- If less than 4 months of implant healing
- If bone support is less than ½ of length of implant
- For patients under 19 years old
- With mixing of materials
- On same date as implant placement
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6180

CDT Code and Nomenclature

D6180 -implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments

Descriptor

This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s)

Documentation required for review:

- Pre-operative x-rays

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Implant present on x-ray
- Prosthesis present on x-ray
- One per arch
- Prosthesis is not removed

Benefits not allowed:

- If not covered under the plan
- If not covered by the plan
- Deny Inclusive for first 12 months of prosthesis placement by same practitioner
- Must be submitted on its own as a separate procedure otherwise deny same day

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6197

CDT Code and Nomenclature

D6197 - replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Date of initial implant placement

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6198

CDT Code and Nomenclature

D6198 – remove interim implant component

Descriptor
Removal of implant component (e.g., interim abutment; provisional implant crown)originally placed for a specific clinical purpose and period

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Date of initial implant placement

Benefits allowed:

- Implant criteria met
- If in place for over 12 months due to healing of other extensive dental case

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Implant Services– D6199

CDT Code and Nomenclature

D6199 - Unspecified implant procedure, by report
Descriptor
Use for procedure that is not adequately described by a code. Describe procedure.

Benefits allowed:

- If the narrative describes a necessary procedure which is not represented by any other code and is not inclusive to the primary procedure.
- The procedure must have a favorable outcome, and conditions meet implant guidelines.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Date of initial implant placement

Benefits not allowed:

- When prognosis is not favorable
- Implant guidelines are not met
- When procedure is considered experimental
- When another code describes the procedure performed
- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

CDT Code and Nomenclature

D6205 - pontic - Pontic - indirect resin based composite
D6210 - pontic - cast high noble metal
D6211 - pontic - cast predominantly base metal
D6212 - pontic - cast noble metal
D6214 - pontic - titanium and titanium alloys
D6240 - pontic - porcelain fused to high noble metal
D6241 - pontic - porcelain fused to predominantly base metal
D6242 - pontic - porcelain fused to noble metal
D6245 - pontic - porcelain/ceramic
D6250 - pontic - resin with high noble metal
D6251 - pontic - resin with predominantly base metal
D6252 - pontic - resin with noble metal

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Materials need to be consistent throughout appliance
- Cantilever considered for anteriors only, if a canine is the abutment and the lateral is the pontic.
- Abutment should have favorable long-term prognosis
- Crown: Root ratio: optimum 2:3, minimum 1:1
- Lack of severe to moderate periodontal disease on abutment
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- Patients that have poor oral hygiene
- Inadequate pontic space
- Bruxism/malocclusion/ Improper rotation/excessive tipping of teeth
- Untreated endodontic pathology on abutment
- When replacing 3 or more missing teeth in a tooth bound space Fixed prosthetic may be contraindicated in children and adolescents- under age 18 (large pulp chamber and eruption of dentition, short clinical crown length.)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6253

CDT Code and Nomenclature

D6253 - interim pontic - further treatment or completion of diagnosis necessary prior to final impression

Descriptor
Not to be used as a temporary pontic for routine prosthetic restoration

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- narrative should state provisional needed for 12 months or longer
- Materials need to be consistent throughout appliance
- Cantilever considered for anteriors only, if a canine is the abutment and the lateral is the pontic.
- Abutment should have favorable long-term prognosis
- Crown: Root ratio: optimum 2:3, minimum 1:1
- Lack of severe to moderate periodontal disease on abutment
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- Patients that have poor oral hygiene
- Inadequate pontic space
- Bruxism/malocclusion/ Improper rotation/excessive tipping of teeth
- Untreated endodontic pathology on abutment
- When replacing 3 or more missing teeth in a tooth bound space Fixed prosthetic may be contraindicated in children and adolescents- under age 18 (large pulp chamber and eruption of dentition, short clinical crown length.)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

CDT Code and Nomenclature

D6545 - retainer - cast metal for resin bonded fixed prosthesis
D6548 - retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6549 - retainer – for resin bonded fixed prosthesis
D6600 - retainer inlay - porcelain/ceramic, two surfaces
D6601 - retainer inlay - porcelain/ceramic, three or more surfaces
D6602 - retainer inlay - cast high noble metal, two surfaces
D6603 - retainer inlay - cast high noble metal, three or more surfaces
D6604 - retainer inlay - cast predominantly base metal, two surfaces
D6605 - retainer inlay - cast predominantly base metal, three or more surfaces
D6606 - retainer inlay - cast noble metal, two surfaces
D6607 - retainer inlay - cast noble metal, three or more surfaces
D6608 - retainer onlay - porcelain/ceramic, two surfaces
D6609 - retainer onlay - porcelain/ceramic, three or more surfaces
D6610 - retainer onlay - cast high noble metal, two surfaces
D6611 - retainer onlay - cast high noble metal, three or more surfaces
D6612 - retainer onlay - cast predominantly base metal, two surfaces
D6613 - retainer onlay - cast predominantly base metal, three or more surfaces
D6614 - retainer onlay - cast noble metal, two surfaces
D6615 - retainer onlay - cast noble metal, three or more surfaces
D6624 - retainer inlay - titanium
D6634 - retainer onlay - titanium

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Materials need to be consistent throughout appliance
- Cantilever considered for anteriors only, if a canine is the abutment and the lateral is the pontic.
- Abutment should have favorable long-term prognosis
- Crown: Root ratio: optimum 2:3, minimum 1:1
- Lack of severe to moderate periodontal disease on abutment
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- Patients that have poor oral hygiene
- Inadequate pontic space
- Bruxism/malocclusion/ Improper rotation/excessive tipping of teeth
- Untreated endodontic pathology on abutment
- When replacing 3 or more missing teeth in a tooth bound space Fixed prosthetic may be contraindicated in children and adolescents- under age 18 (large pulp chamber and eruption of dentition, short clinical crown length.)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

CDT Code and Nomenclature

D6710 - retainer crown - indirect resin based composite
D6720 - retainer crown - resin with high noble metal
D6721 - retainer crown - resin with predominantly base metal
D6722 - retainer crown - resin with noble metal
D6740 - retainer crown - porcelain/ceramic
D6750 - retainer crown - porcelain fused to high noble metal
D6751 - retainer crown - porcelain fused to predominantly base metal
D6752 - retainer crown - porcelain fused to noble metal
D6753 - retainer crown - porcelain fused to titanium and titanium alloys
D6780 - retainer crown - 3/4 cast high noble metal
D6781 - retainer crown - 3/4 cast predominantly base metal
D6782 - retainer crown - 3/4 cast noble metal
D6783 - retainer crown - 3/4 porcelain/ceramic
D6784 - retainer crown ¾ - titanium and titanium alloys
D6790 - retainer crown - full cast high noble metal
D6791 - retainer crown - full cast predominantly base metal
D6792 - retainer crown - full cast noble metal
D6794 - retainer crown - titanium and titanium alloys

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Materials need to be consistent throughout appliance
- Retainer should be billed with at least one pontic.
- Cantilever considered for anteriors only, if a canine is the abutment and the lateral is the pontic.
- Abutment should have favorable long-term prognosis
- Crown: Root ratio: optimum 2:3, minimum 1:1
- Lack of severe to moderate periodontal disease
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- Patients that have poor oral hygiene
- Rampant caries
- Inadequate remaining tooth structure
- Poor crown: root ratio
- Inadequate pontic space
- Bruxism/malocclusion/ Improper rotation/excessive tipping of teeth
- Untreated endodontic pathology
- When replacing 3 or more missing teeth in a tooth bound space Fixed prosthetic may be contraindicated in children and adolescents- under age 18 (large pulp chamber and eruption of dentition, short clinical crown length.)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6793

CDT Code and Nomenclature

D6793 - interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression

Descriptor
Not to be used as a temporary retainer crown for a routine prosthetic restoration.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- If replacement, date or age of prior crown
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Narrative should state provisional needed for 12 months or longer
- Materials need to be consistent throughout appliance
- Retainer should be billed with at least one pontic.
- Cantilever considered for anteriors only, if a canine is the abutment and the lateral is the pontic.
- Abutment should have favorable long-term prognosis
- Crown: Root ratio: optimum 2:3, minimum 1:1
- Lack of severe to moderate periodontal disease
- If provisional crown is used for at least 12 months and permanent crown is delivered any time after 12 months.
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- Patients that have poor oral hygiene
- Rampant caries
- Inadequate remaining tooth structure
- Poor crown: root ratio
- Inadequate pontic space
- Bruxism/malocclusion/ Improper rotation/excessive tipping of teeth
- Untreated endodontic pathology
- When replacing 3 or more missing teeth in a tooth bound space Fixed prosthetic may be contraindicated in children and adolescents- under age 18 (large pulp chamber and eruption of dentition, short clinical crown length.)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6940

CDT Code and Nomenclature

D6940 - stress breaker

Descriptor
A non-rigid connector

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Proper choice of material for stress breaker used.
- Span does not violate Antes rule
- Abutment teeth void of endodontic/periodontic needs
- Minimum of a 3 unit fixed partial denture
- When the two end teeth are abutments and the two middle teeth are pontics with one of the pontics carrying the connector
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- If not covered under the plan
- If lost or stolen
- In violation of Antes Law
- Material choice poor option for stress breaker

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6950

CDT Code and Nomenclature

D6950 - precision attachment

Descriptor
A pair of components constitutes one precision attachment that is separate from the prosthesis

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Benefits allowed:

- Partial has a good prognosis

Benefits not allowed:

- If not covered under the plan
- Abutment or implant has poor prognosis
- Crown/Implant to root ratio is not acceptable

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Prosthodontics, Fixed – D6980

CDT Code and Nomenclature

D6980 - fixed partial denture repair necessitated by restorative material failure

Benefits allowed:

- One attempt for repair only
- Must be repaired with adequate laboratory services (porcelain repair to ensure metal/substructure not compromised from porcelain repair process if porcelain oven used)

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If provider is replacing the bridge and this is just a temporary repair
- 12 months or less after initial insertion of final restoration deny Inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7111

CDT Code and Nomenclature

D7111 - extraction, coronal remnants – primary tooth

Descriptor
Removal of soft tissue-retained coronal remnants

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On primary teeth A B C D E F G H I J K L M N O P Q R S T

Benefits not allowed:

- If not covered under the plan
- On permanent teeth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7140

CDT Code and Nomenclature

D7140 - extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Descriptor
Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On any primary and permanent tooth
- If decay present
- If there is pathosis/pathology

Benefits not allowed:

- If not covered under the plan
- For orthodontic purposes
- If not reasonable and/or necessary
- On third molars without pathosis/pathology

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7210

CDT Code and Nomenclature

D7210 - extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

Descriptor
Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure

Benefits allowed:

- If covered under the plan
- If the tooth requires removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- Tooth fracture may be considered pathology. A narrative stating where the fracture is on the tooth is needed for review.
- Surgical removal of impacted tooth covered when pathology (disease) exists

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- For orthodontic purposes
- On third molars (wisdom tooth) if there is no pathology (disease)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7220, D7230, D7240, D7241, D7250

CDT Code and Nomenclature

D7220 - removal of impacted tooth - soft tissue
Descriptor
Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.
D7230 - removal of impacted tooth - partially bony
Descriptor
Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
D7240 - removal of impacted tooth - completely bony
Descriptor
Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
D7241 - removal of impacted tooth - completely bony, with unusual surgical complications
Descriptor
Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.
D7250 - removal of residual tooth roots (cutting procedure)
Descriptor
Includes cutting of soft tissue and bone, removal of tooth structure, and closure

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the tooth requires removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- Tooth fracture may be considered pathology. A narrative stating where the fracture is on the tooth is needed for review.
- Surgical removal of impacted tooth covered when pathology (disease) exists
- If **D7250** is submitted for the same tooth # in conjunction with D7140, D7210, D7220, D7230, D7240, D7241, it will be considered inclusive

Benefits not allowed:

- If not covered under the plan
- For orthodontic purposes
- On third molars (wisdom tooth) if there is no pathology (disease)

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7251

CDT Code and Nomenclature

D7251 - coronectomy – intentional partial tooth removal, impacted teeth only

Descriptor

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed

Documentation required for review:

- Pre-operative x-rays
- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- On retained deciduous teeth A-T
- If the tooth is impacted
- If the patient is on bisphosphonate medication
- Narrative regarding complications that support the service
- Will require pre op radiographs and a narrative indicating the reason why the procedure was intentionally performed. Documentation must show neurovascular complication are likely if the entire tooth is removed

Benefits not allowed:

- If not covered under the plan
- If the remaining tooth or root structure of the impacted tooth and treatment is planned for subsequent removal
- Service considered to include the excision of associated minor cystic or inflamed soft tissue, sutures, suture removal and routine pos-operative care

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7252

CDT Code and Nomenclature

D7252 -partial extraction for immediate implant placement
Descriptor
Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique**.**

Documentation required for review:

- Pre and Post op x-rays
- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When supported by x-rays and narrative

Benefits not allowed:

- If not covered under the plan
- If no implant coverage
- Contingent on x-rays not displaying pathology in retained root sites
- Not to be billed separately for extraction or hemi section techniques for same tooth on the same day

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7259

CDT Code and Nomenclature

D7259 -nerve dissection
Descriptor
Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures

Documentation required for review:

- Pre-op x-ray
- CBCT with interpretation report
- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative states that care is indicated to resolve pathological concern, i.e., cyst around retained lower mandibular molar
- When supported by x-rays and narrative

Benefits not allowed:

- If not covered under the plan
- If iatrogenic in nature
- Not allowed for elective procedures

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7260

CDT Code and Nomenclature

D7260 - Oroantral fistula closure

Descriptor
Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap

Benefits allowed:

- If covered under the plan
- Associated with maxillary posterior extractions

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If tooth is not impacted
- If the remaining tooth or root structure of the impacted tooth and treatment is planned for subsequent removal

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7261

CDT Code and Nomenclature

D7261 - Primary closure of a sinus perforation

Descriptor
Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulus tract

Benefits allowed:

- If covered under the plan
- On upper posterior teeth only: 1 2 3 4 5 12 13 14 15 16 17
- On retained maxillary deciduous teeth A - J

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7270

CDT Code and Nomenclature

D7270 - tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth

Descriptor
Includes splinting and/or stabilization

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- if a tooth is accidentally displaced or avulsed

Benefits not allowed:

- If not covered under the plan
- If due to congenitally missing tooth

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7272

CDT Code and Nomenclature

D7272 - Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)

Benefits allowed:

- If covered under the plan
- if a tooth is accidentally displaced or avulsed

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- If due to congenitally missing tooth

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7280

CDT Code and Nomenclature

D7280 - exposure of an unerupted tooth

Descriptor
An incision is made, and the tissue is reflected, and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- The tooth has to be impacted/unerupted
- Narrative states trying to expose the tooth with a bracket
- With or without D7283 same DOS

Benefits not allowed:

- If not covered under the plan
- If exposure is for cosmetic reasons

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7282

CDT Code and Nomenclature

D7282 - Mobilization of erupted or malpositioned tooth to aid eruption

Descriptor
To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- The tooth has to be impacted/unerupted
- Narrative states trying to expose the tooth with a bracket
- With or without D7283 same DOS

Benefits not allowed:

- If not covered under the plan
- If exposure is for cosmetic reasons

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7283

CDT Code and Nomenclature

D7283 - Placement of device to facilitate eruption of impacted tooth

Descriptor
Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative that states a chain was attached to the bracket for eruption after the tooth has been exposed.
- When billed with D7280
- Must show signs of ligament space radiographically.

Benefits not allowed:

- If not covered under the plan
- For cosmetic/aesthetic reasons

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7284

CDT Code and Nomenclature

D7284 - Excisional biopsy of minor salivary glands

Documentation required for review:

- Narrative of medical necessity
- Pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- To exclude Sjogren Syndrome, Mikulicz's disease or IgG4-related disease
- Due to bite injury causing a mucocele

Benefits not allowed:

- If not covered under the plan
- At hospital or medical outpatient facility

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7285

CDT Code and Nomenclature

D7285 - Incisional biopsy of oral tissue - hard (bone, tooth)

Descriptor
For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Diagnosis and result of biopsy indicate the service is tooth or bone related

Benefits not allowed:

- If not covered under the plan
- If done for a medical reason or related to structures other than tooth or gingiva. It will be considered medical
- If done for apicoectomy/periradicular surgery

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7286

CDT Code and Nomenclature

D7286 - biopsy of oral tissue - soft

Descriptor
For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Diagnosis and result of biopsy indicate the service is soft tissue related

Benefits not allowed:

- If not covered under the plan
- If done for a medical reason or related to structures other than soft tissue. It will be considered medical
- If done for apicoectomy/periradicular surgery

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7287

CDT Code and Nomenclature

D7287 - Exfoliative cytological sample collection

Descriptor
For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative must indicate reason for procedure, location, and procedures used for sample removal

Benefits not allowed:

- If not covered under the plan
- If sample was collected via brush biopsy. Refer to D7288

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7288

CDT Code and Nomenclature

D7288 - Brush biopsy - transepithelial sample collection

Descriptor
For collection of oral disggregated transepithelial cells via rotational brushing of the oral mucosa

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity
- Pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative must indicate reason for procedure, location, and procedures used for sample removal
- To rule out malignancy

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7291

CDT Code and Nomenclature

D7291 - Transseptal fiberotomy/supra crestal fiberotomy, by report

Descriptor
The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For orthodontic benefits
- On a per tooth basis
- During or following orthodontic treatment that involves teeth that are rotated.
- When necessary to cut the transseptal fibers to allow proper tooth movement

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7310, D7311

CDT Code and Nomenclature

D7310 - alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311 - alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Descriptor
The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- In conjunction with extractions.
- If narrative is submitted indicating some type of prosthesis is being made
- If narrative or chart notes state that the procedure is being performed for the improvement of the ridge (bone) for the placement of an immediate denture (full denture or partial denture)

Benefits not allowed:

- If not covered under the plan
- Without extractions
- If less than 4 teeth, it will be re-coded to D7311
- If submitted without extractions, it will be re-coded to D7320/D7321

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery –D7320, D7321

CDT Code and Nomenclature

D7320 - alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321 - alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Descriptor
No extractions performed in an edentulous area. See D7310, D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Without extractions.
- If narrative is submitted indicating some type of prosthesis is being made
- if narrative or chart notes state that the procedure is being performed for the improvement of the ridge (bone) for the placement of a denture (full denture or partial denture)

Benefits not allowed:

- If not covered under the plan
- If submitted with extractions
- If less than 4 teeth, it will recode to a D7321

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery –D7340, D7350

CDT Code and Nomenclature

D7340 - vestibuloplasty - ridge extension (secondary epithelialization)

D7350 - vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant only with implant coverage.

Benefits not allowed:

- Cannot be done in conjunction with alveoloplasty (D7310 - D7321)
- If reconstructive surgery is in conjunction with implants, oral cancer or trauma/injury
- When performed solely for cosmetic/aesthetic reasons
- For patients with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response
- When there is minimal alveolar ridge height
- For patients who have undergone radiation therapy to the head and neck
- If the reason for the surgery is ridge preparation for a denture

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7410, D7411, D7412, D7413, D7414, D7415

CDT Code and Nomenclature

D7410 - excision of benign lesion up to 1.25 cm
D7411 - excision of benign lesion greater than 1.25 cm
D7413 - excision of malignant lesion up to 1.25 cm
D7414 - excision of malignant lesion greater than 1.25 cm

D7412 - excision of benign lesion, complicated
D7415 - excision of malignant lesion, complicated

Descriptor
Requires extensive undermining with advancement or rotational flap closure.

Documentation required for review:

- Pathology/biopsy report
- Narrative of medical necessity and pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the pathology report validates the lesion size

Benefits not allowed:

- If not covered under the plan
- If code submitted does not correlate with the lesion size, the code submitted will be recoded to its equivalent size code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7450, D7451

CDT Code and Nomenclature

D7450 - Removal of odontogenic cyst or tumor up to 1.25 cm
D7451 - Removal of odontogenic cyst or tumor greater than 1.25 cm

Documentation required for review:

- Pathology/biopsy report
- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity and pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the pathology report validates the lesion size

Benefits not allowed:

- If not covered under the plan
- If code submitted does not correlate with the lesion size, the code submitted will be recoded to its equivalent size code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7471, D7472, D7473, D7485

CDT Code and Nomenclature

D7471 - removal of lateral exostosis (maxilla or mandible)
D7472 - removal of torus palatinus
D7473 - removal of torus mandibularis
D7485 - Reduction of osseous tuberosity

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity and pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Up to two D7473s
- If it interferes with the placement of a removable prosthesis
- If in preparation for maxillary or mandibular or partial denture

Benefits not allowed:

- If not covered under the plan
- For esthetic purposes
- With other surgical procedures on same date

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7510, D7511

CDT Code and Nomenclature

D7510 - incision and drainage of abscess - **intraoral** soft tissue
Descriptor
Involves incision through mucosa, including periodontal origins.

D7511 - incision and drainage of abscess - **intraoral** soft tissue - complicated (includes drainage of multiple fascial spaces)
Descriptor
Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted with other procedures as long as it is on a different area from the D7510/7511

Benefits not allowed:

- If not covered under the plan
- if submitted with D7140 - D7250, the D7510/D7511 will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7520, D7521

CDT Code and Nomenclature

D7520 - incision and drainage of abscess - **extraoral** soft tissue
Descriptor
Involves incision through skin.

D7521 - incision and drainage of abscess - **extraoral** soft tissue - complicated (includes drainage of multiple fascial spaces)
Descriptor
Incision is made intraorally, and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If submitted alone with no other procedures performed on the same date of service

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7921

CDT Code and Nomenclature

D7921 - Collection and application of autologous blood concentrate product

Benefits allowed:

- If covered under the plan
- On medically compromised patients, ie: autoimmune disease, diabetes, etc.
- In conjunction with grafts

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7939

CDT Code and Nomenclature

D7939 - Indexing for osteotomy using dynamic robotic assisted or dynamic navigation

Benefits allowed:

- If covered under the plan

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7950

CDT Code and Nomenclature

D7950 - Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or noautogenous, by report

Descriptor
This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately.

Documentation required for review:

- Pre and post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When need is indicated: Height, width?
- On an edentulous site

Benefits not allowed:

- If not covered under the plan
- If poor prognosis
- On an extraction site
- On implant removal site

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7951, D7952

CDT Code and Nomenclature

D7951 - sinus augmentation with bone or bone substitutes via a lateral open approach

Descriptor
The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

D7952 - sinus augmentation via a vertical approach

Descriptor
The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes

Documentation required for review:

- Pre and post-operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When there is no sufficient bone to place an implant on the maxillary UR and or UL areas

Benefits not allowed:

- If not covered under the plan
- On any mandibular tooth
- If submitted for the LR, LL quadrant
- If D6104 (bone graft at time of implant placement) is submitted in conjunction with D7951/D7952, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7953

CDT Code and Nomenclature

D7953 - bone replacement graft for ridge preservation - per site

Descriptor
Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately

Documentation required for review:

- Narrative of medical necessity

Benefits allowed:

- If covered under the plan
- In conjunction with extraction(s) for ridge preservation for implant placement.
- For prosthetic reconstruction (fixed or removable)
- When alveolar contour is necessary for the success of the procedure being performed or when normal healing cannot be expected to eliminate the bony defect

Benefits not allowed:

- If not covered under the plan
- If done in conjunction with other bone graft replacement procedures
- If done on the same day as an implant placement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7956, D7957

CDT Code and Nomenclature

D7956 - guided tissue regeneration, edentulous area – resorbable barrier, per site
Descriptor
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction

D7957 - guided tissue regeneration, edentulous area – non-resorbable barrier, per site
Descriptor
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction

Documentation required for review:

- Pre operative x-rays with R and L directions indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- In covered under the plan
- Narrative must state reason for placing in edentulous area for future procedure
- Allowed if at least 3 walls exist for horizontal grafting and allowed for lateral wall sinus lift procedure.
- If a lesion is seen in a radiograph and degranulation or biopsy of such, a report must be included.

Benefits not allowed:

- If not covered under the plan
- If used as a collagen plug, it will be considered inclusive
- If membrane is being retrieved, it will be considered inclusive
- If poor oral hygiene, smoking, tooth mobility, width of attached gingiva at defect site is greater than or equal to 0.5 mm, furcation with short roots trunks, advanced lesions with little support, multiple defects and any medical condition that contraindicates surgery.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7961, D7962

CDT Code and Nomenclature

D7961 - buccal / labial frenectomy (frenulectomy)

D7962 - lingual frenectomy (frenulectomy)

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If the frenum is creating a tissue pull or recession
- When frenum is associated with pathological condition or interferes with proper oral development or treatment
- To facilitate placement of a denture (upper or lower) in addition to periodontal surgery to gain attached gingiva

Benefits not allowed:

- If not covered under the plan
- if performed for aesthetics reasons or to close a diastema

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7963

CDT Code and Nomenclature

D7963 - frenuloplasty

Descriptor
Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure

Documentation required for review:

- Narrative of medical necessity

Benefits allowed:

- If covered under the plan
- When frenum is associated with pathological condition or interferes with proper oral development or treatment

Benefits not allowed:

- If not covered under the plan
- if performed for aesthetics reasons or to close a diastema

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7970

CDT Code and Nomenclature

D7970 - Excision of hyperplasic tissue - per arch

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For proper fit of dentures (loose, flabby redundant tissue; does not provide a stable base on which to place a denture.)

Benefits not allowed:

- If not covered under the plan
- If more than one D7970 is submitted on the same arch, same DDS, same DOS, the first will be allowed and any others will be considered inclusive.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7971

CDT Code and Nomenclature

D7971 - Excision of pericoronal gingiva

Descriptor
Surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.

Documentation required for review:

- Narrative of medical necessity
- Pre operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- For the removal of pericoronal (around the tooth) tissue; most often seen on third molars (01,16-17,32)

Benefits not allowed:

- If not covered under the plan
- If D7971 is submitted on the same DOS, same DDS, same area as D4210, D4211, D4240, D4241, D7210 – D7241 or D7970, the D7971 will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Oral and Maxillofacial Surgery – D7972

CDT Code and Nomenclature

D7972- Surgical reduction of fibrous tuberosity

Benefits allowed:

- If covered under the plan

Documentation required for review:

- Narrative of medical necessity
- Pre operative x-rays with R and L directions indicated

Benefits not allowed:

- If not covered under the plan
- If billed with laser therapy
- If billed with extraction, same tooth, same DOS, it will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Comprehensive Orthodontic Treatment – D8091

CDT Code and Nomenclature

D8091-comprehensive orthodontic treatment with orthognathic surgery
Descriptor
Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment.

Documentation required for review:

- Narrative
- Pano or CBCT with interpretation

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Indicating syndrome (ie: craniosynostosis, alveolar cleft, prognathism, retrognathism, etc.)
- If medically necessary and performed in appropriate developmental stages to ensure most predictable result

Benefits not allowed:

- If not covered under the plan
- If performed during improper developmental time sequence (patient age/dental age)to ensure most predictable and adequate result
- Not allowed solely for cosmetic reasons

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Comprehensive Orthodontic Treatment – D8671

CDT Code and Nomenclature

D8671-periodic orthodontic treatment visit associated with orthognathic surgery

Documentation required for review:

- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Narrative indicating prior orthognathic issue and chart noted providing proof of patient compliance with retention devices
- If medically necessary

Benefits not allowed:

- If not covered under the plan
- Patient not compliant with retention devices

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Orthodontics – D8210, D8220

CDT Code and Nomenclature

D8210 - Removable appliance therapy

Descriptor
Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting

D8220 - Fixed appliance therapy

Descriptor
Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.

Documentation required for review:

- Narrative of medical necessity

Benefits allowed:

- Only one appliance allowed per arch
- Thumb crib, thumb sucking
- Tongue crib, tongue thrusting.
- Cheek biting appliance

Benefits not allowed:

- If submitted as a Bionator
- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Orthodontics – D8680

CDT Code and Nomenclature

D8680 - Orthodontic retention (removal of appliances, construction and placement of retainer(s))

Descriptor
This is allowed after completion of treatment

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits allowed:

- If covered under the plan
- One allowed per arch if clinically approved

Benefits not allowed:

- If not covered under the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Orthodontics – D8681

CDT Code and Nomenclature

D8681 - Removable orthodontic retainer adjustment

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- 12 months after insertion of appliance by same provider who installed it.
- Under 12 months if performed by a provider other than the dentist who inserted the appliance

Benefits not allowed:

- If less than 12 months by same provider who inserted it, it will be considered inclusive
- If adjustment is performed by any other dentist in the same dental group and under same tax Id, it will be considered inclusive
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Orthodontics – D8698, D8699

CDT Code and Nomenclature

D8698 - Re-cement or re-bond fixed retainer – maxillary

D8699 - Re-cement or re-bond fixed retainer – mandibular

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- 12 months after D8220, D8703 (fixed maxillary appliances) by same provider who installed it.
- Under 12 months if performed by a provider other than the dentist who inserted the appliance

Benefits not allowed:

- Less than 12 months - If D8220,D8703, by same provider who inserted it, it will be considered inclusive.
- If adjustment is performed by any other dentist in the same dental group and under same tax Id, it will considered inclusive
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Orthodontics – D8704

CDT Code and Nomenclature

D8704 – Replacement of a lost or broken retainer - mandibular

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

No DDS review required

Allowed:
- if plan has ortho benefits
- if ortho treatment was NOT done under Solstice plan, allow without review
- if ortho treatment was performed under the Solstice Plan-Look in members history–If initial placement within 12 months click Inclusive, if placement after 12 months allow.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9110

CDT Code and Nomenclature

D9110 - Palliative treatment of dental pain - per visit. Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes

Descriptor
Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- When submitted alone with no other procedure, other than exam and radiographs or clinical photos

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9120

CDT Code and Nomenclature

D9120 - Fixed partial denture sectioning

Descriptor
Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning or other treatment
- Includes all recontouring and polishing of retained portions
- X-ray must show fixed prostheses
- Documentation must support that at least one abutment will be remaining

Benefits not allowed:

- If not covered under the plan
- If the entire unit is being extracted

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9210

CDT Code and Nomenclature

D9211 - local anesthesia not in conjunction with operative or surgical procedures

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- To try to get the patient out of pain
- As a diagnostic test to determine pathology

Benefits not allowed:

- If not covered under the plan
- If used in conjunction with any operative or surgical procedure

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9211, D9112

CDT Code and Nomenclature

D9211 - Regional block anesthesia

D9112 – Trigeminal division block anesthesia

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Only for regional pain control/diagnosis/neuropathic pain syndrome
- When billed alone or with diagnostic codes accompanied by a narrative that supports the need.

Benefits not allowed:

- If not covered under the plan
- If D9211 comes in with D2000-D7999, it will be considered Inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9222, D9223

CDT Code and Nomenclature

D9222 - deep sedation/general anesthesia – first 15 minutes

Descriptor
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration

D9223 - deep sedation/general anesthesia – each subsequent 15 minute increment

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If medically necessary as outlined but not limited to
    - Confirmed toxicity to local anesthesia
    - Down's syndrome
    - Alzheimer's
    - Autism
    - Spastic muscle disorders
    - epilepsy, cerebral palsy, Parkinson's disease

Benefits not allowed:

- If not covered under the plan
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9230

CDT Code and Nomenclature

D9230 - inhalation of nitrous oxide/analgesia, anxiolysis

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If medically necessary as outlined but not limited to
    - Confirmed toxicity to local anesthesia
    - Down's syndrome
    - Alzheimer's
    - Autism
    - Spastic muscle disorders
    - epilepsy, cerebral palsy, Parkinson's disease
- Only one (1) D9230 per claim/visit/date of service for ages 1 - 16 (ages 17+ only allow if medically necessary)

Benefits not allowed:

- If not covered under the plan
- If submitted to aid with exams, x-rays or prophylaxis
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9239, D9243

CDT Code and Nomenclature

D9239 - intravenous moderate (conscious) sedation/analgesia- first 15 minutes

Descriptor
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration

D9243 - intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If medically necessary as outlined but not limited to
  - Confirmed toxicity to local anesthesia
  - Down's syndrome
  - Alzheimer's
  - Autism
  - Spastic muscle disorders
  - epilepsy, cerebral palsy, Parkinson's disease
- D9243 must be preceded by D9239

Benefits not allowed:

- If not covered under the plan
- If only for the patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by the patient's primary care physician

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9248

CDT Code and Nomenclature

D9248 - non-intravenous conscious sedation

Descriptor
This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If medically necessary, as outlined but not limited to
    - Confirmed toxicity to local anesthesia
    - Down's syndrome
    - Alzheimer's
    - Autism
    - Spastic muscle disorders
    - epilepsy, cerebral palsy, Parkinson's disease

Benefits not allowed:

- If not covered under the plan
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9310

CDT Code and Nomenclature

D9310 - consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician

Descriptor
A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If it comes alone
- If it comes with any therapeutic service as described on narrative

Benefits not allowed:

- If not covered under the plan
- If D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191 is submitted with D9310 same date of service, the D9310 will be allowed and any exam code will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9430

CDT Code and Nomenclature

D9430 - office visit for observation (during regularly scheduled hours) - no other services performed

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If it comes alone

Benefits not allowed:

- If not covered under the plan
- if any additional service is submitted in conjunction per the CDT definition of this code

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9450

CDT Code and Nomenclature

D9450 - Case presentation, subsequent to detailed and extensive treatment planning

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- If it comes alone and meets the definition of the code
- If there is a need for a detailed and extensive case presentation

Benefits not allowed:

- If not covered under the plan
- Considered inclusive to any evaluation, assessment, screening and consultation.

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9610

CDT Code and Nomenclature

D9610 - Therapeutic parenteral drug, single administration

Descriptor
Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If medically necessary

Benefits not allowed:

- If not covered under the plan
- If multiple D9610s are submitted only the first one will be allowed. Any additional ones will deny wrong code by definition

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9912

CDT Code and Nomenclature

D9912 - pre-visit patient screening

Benefits allowed:

- If covered by the plan
- If it comes alone, no other treatment same date of service

Documentation required for review:

- Narrative of medical necessity

Benefits not allowed:

- If not covered under the plan
- if any additional service is submitted same D.O.S., it will be considered inclusive

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9913

CDT Code and Nomenclature

D9913 - administration of neuromodulators

Benefits allowed:

- If covered by the plan
- If medically necessary

Documentation required for review:

- Narrative

Benefits not allowed:

- If not covered under the plan
- If not in dental office setting

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9914

CDT Code and Nomenclature

D9914 - administration of dermal fillers

Benefits allowed:

- If covered by the plan
- Narrative indicates deep scarring from injury to improve patient disfigurement but not for cosmetic reasons

Benefits not allowed:

- If not covered under the plan
- Not allowed for cosmetics or cosmetic revision

Documentation required for review:

- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9938

CDT Code and Nomenclature

D9938 - fabrication of a custom removable clear plastic temporary aesthetic appliance

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered by the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9945, D9946

CDT Code and Nomenclature

D9945 - occlusal guard – soft appliance, full arch

Descriptor
Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances

D9946 - occlusal guard – hard appliance, partial arch

Descriptor
Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For bruxism or habitual grinding

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9942

CDT Code and Nomenclature

D9942 - Repair and/or reline of occlusal guard

Benefits allowed:

- 6 months after the initial insertion.

Benefits not allowed:

- If appliance is within 6 months of codes D9944,D9945, D9946, it will be considered inclusive
- If not covered under the plan

Documentation required for review:

- Date of initial occlusal guard placement (D9944, D9945, D9946)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9947

CDT Code and Nomenclature

D9947 - custom sleep apnea appliance fabrication and placement

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- When narrative of medical necessity states dx obstructive sleep apnea
- Diagnosis of OSA is made by a physician or trained sleep specialist after comprehensive assessment of the patient, including medical history, physical examination and diagnostic testing.
  Note:
  Per Ada: Dentists working collaboratively with primary care physicians and sleep specialists, as part of a multidisciplinary care team, can assist in providing optimal long-term care for patients with OSA. When taking patient health histories and conducting oral clinical examinations, dentists can screen patients for OSA-related risk factors or common presenting features, such as: large tongue or tonsils; mandibular retrognathia or micrognathia; large neck circumference; nocturnal choking or gasping; obesity; loud or irregular snoring; or breathing pauses during sleep (if reported by bed partner). Individuals presenting with these symptoms o

Benefits not allowed:

- If not covered under the plan
- As a snoring device

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9948, D9949

CDT Code and Nomenclature

D9948 - adjustment of custom sleep apnea appliance

D9949 - repair of custom sleep apnea appliance

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- After the first 6 months of delivery of D9947

Benefits not allowed:

- If not covered under the plan
- Inclusive to D9947 within the first 6 months of delivery

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9950

CDT Code and Nomenclature

D9950 - occlusion analysis - mounted case

Descriptor
Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If in conjunction with full mouth periodontal case.

Benefits not allowed:

- If not covered under the plan
- If reported with any other procedure, it will be considered inclusive
- If submitted with D0470, the D0470 will be considered inclusive to D9950

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9951

CDT Code and Nomenclature

D9950 - occlusion adjustment – limited

Descriptor
May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontic

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If in conjunction with full mouth periodontal case.

Benefits not allowed:

- If not covered under the plan
- if submitted with a restoration, same tooth, same d.o.s or history including single crowns or bridge crown codes and/or endo codes, it will be considered inclusive

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9952

CDT Code and Nomenclature

D9952 - Occlusal adjustment – complete

Descriptor
Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- The occlusal adjustment-complete code (D9952) refers to a multi-visit series of treatments that would include the teeth, the neuromuscular mechanisms of chewing, and/or any combination of both. (only 1 allowed per 6months) orthodontics
- In connection with full mouth restorative treatment.
- In connection with orthognathic surgery orthodontics

Benefits not allowed:

- If reported to alter vertical dimension or for TMJ in connection with comprehensive orthodontics (part of records)
- In connection with trauma (accidental injury) unless accidents are specifically covered under a dental plan.
- If reported as a separate service when done on the same day when less than full mouth restorative services are performed.
- If more than 6 units of crown and bridge performed by provider within 12 months period it should be denied for inclusive.
- If patient is in full arch implant restorative, deny for poor prognosis for patient will not appropriate proprioception of bite strength
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9953

CDT Code and Nomenclature

D9953 - reline custom sleep apnea appliance (indirect)

Descriptor
Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9959

CDT Code and Nomenclature

D9959 -unspecified sleep apnea services procedure, by report

Documentation required for review:

- Narrative

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If covered under the plan
- Must be prescribed by a sleep medicine doctor (MD or DO) with indication why this treatment regimen is needed over the gold standard of CPAP or BiPAP

Benefits not allowed:

- If not covered under the plan
- Without a diagnosis provided

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9973

CDT Code and Nomenclature

D9973 - External bleaching - per tooth

Benefits allowed:

- Age 18 and above
- Allowed on permanent teeth only

Benefits not allowed:

- Crown/Veneer present on tooth
- On teeth that need restorative treatment/decay present
- Periodontal disease should be mild and addressed prior
- Pregnant women
- If not covered under the plan

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9975

CDT Code and Nomenclature

D9975 - External bleaching for home application, per arch; includes materials and fabrication of custom trays

Documentation required for review:

- Pre-operative x-rays with R and L directions indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- 1 per arch every 5 years
- Age 18 and above
- On permanent teeth only

Benefits not allowed:

- Crown/Veneer present on tooth
- On teeth that need restorative treatment/decay present
- Periodontal disease should be mild and addressed prior
- Pregnant women
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9995, D9996

CDT Code and Nomenclature

D9995 - Teledentistry - synchronous; real-time encounter

D9996 - Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review

Descriptor
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If in conjunction with D0140, D0170, D0171, D0191, D0350 and D0351

Benefits not allowed:

- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice

Adjunctive General Services – D9997

CDT Code and Nomenclature

D9997 - Dental case management - patients with special health care needs

Descriptor
Special treatment considerations for patients/individuals with physical, medical, developmental, or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care service

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Narrative/Med history indicating special needs as per definition of code, that states the modifications made to the delivery of dental treatment and why the modifications were necessary:
- Patient exhibits substantial functional limitations
  Examples:
  -Additional auxiliary team members needed in the operatory room during treatment
  -Extra time to complete treatment
  -Rearrangement of operatory for any physical limitations

Benefits not allowed:

- Narrative does not meet the definition of code
- Not covered for anxiety
- If not covered under the plan

Effective Date: 01/02/2025
Revised Date: 04/30/2025

Solstice