

# Medicare Basic Dental Benefit Exception Guidelines



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## Introduction

### Thank you for treating patients with CarePlus Health Plans Medicare coverage.

The Centers for Medicare & Medicaid Services (CMS) recently issued clarifying guidance regarding instances where Medicare should make payment for dental services. This guidance addresses dental services that are so integral to other medically necessary services that they are inextricably linked to the clinical success of that medical service(s).

Inextricably linked services require an integrated and coordinated level of care to ensure the dental services are an integral part of the Medicare-covered primary procedure or service. Integrated and coordinated care requires the exchange of information between the medical professional (physician or other non-physician practitioner) and the dentist regarding the need for dental services to support the primary medical service(s).

As a result of this rule change, payment under Medicare Parts A and B can be made for dental services furnished in an inpatient or outpatient setting that are inextricably linked to, and substantially related and integral to the clinical success of, a certain covered medical service. Claims for inextricably linked dental procedures will not be counted toward any benefit limitations applied to a patient's supplemental (Part C) coverage.

Outlined in this document are groupings of dental services that are considered integral to other Medicare-covered procedures when linked to an underlying medical diagnosis (via ICD-10 diagnostic codes) during claim submission.

### **For efficient claim processing, make sure to submit the following information:**

- The name and National Provider Identifier (NPI) number of the medical physician treating the covered medical condition/planned procedure.
- The medical condition or surgical procedure linked to the dental services provided and the estimated date of the planned procedure, if applicable.
- ICD-10 diagnosis code(s) in the primary and secondary positions related to the dental service(s) provided.
- ICD-10 diagnosis code(s) in the secondary positions related to the planned medical condition or surgical procedure that is considered "inextricably linked."
- Evidence of coordinated care. Examples of integration or coordination include, but are not limited to, a notation in the medical record that a conversation between the medical professional and dentist has occurred detailing the need for dental services prior to the planned medical procedure, a copy of a written consultation between the two providers or a copy of written correspondence between the two providers.

**Effective July 1, 2025, providers are required to include the KX modifier on the claim to indicate that:**

- The dental service is medically necessary.
- The provider included appropriate documentation in the medical record to support or justify the medical necessity of the service or item and demonstrate the inextricable linkage to covered medical services.
- Coordination of care between the medical and dental practitioners has occurred.

## **Group 1**

### **Dental procedures linked to an organ transplant, heart valve replacement or valvuloplasty**

Dental or oral examination performed as part of a comprehensive workup in either the inpatient or outpatient setting prior to a Medicare-covered organ transplant, cardiac valve replacement or valvuloplasty procedures; and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, the organ transplant, cardiac valve replacement or valvuloplasty procedure.

**Claims for Group 1 dental procedures must be submitted with at least one of the following diagnoses:**

#### **Diagnosis**

<b>ICD-10-CM codes</b>	<b>Description</b>	<b>Group</b>
<b>Z01.818</b>	Encounter for other preprocedural examination	Group 1
<b>Z76.82</b>	Awaiting organ transplant	Group 1

#### **Procedures**

<b>ADA code</b>	<b>Description</b>	<b>Type of service</b>	<b>Group</b>
<b>D0120</b>	Periodic oral evaluation – established patient	Evaluation	Group 1
<b>D0140</b>	Limited oral evaluation – problem focused	Evaluation	Group 1
<b>D0160</b>	Detailed and extensive oral evaluation – problem focused, by report	Evaluation	Group 1
<b>D0170</b>	Re-evaluation, limited	Evaluation	Group 1
<b>D0171</b>	Re-evaluation - post operative office visit	Evaluation	Group 1
<b>D0180</b>	Comprehensive periodontal evaluation – new or established patient	Evaluation	Group 1

ADA code	Description	Type of service	Group
D0191	Assessment of a patient	Evaluation	Group 1
D0210	Complete series of radiographic images	Diagnostic	Group 1
D0220	Periapical first radiographic image	Diagnostic	Group 1
D0230	Periapical each additional radiographic image	Diagnostic	Group 1
D0273	Bitewings – three radiographic images	Diagnostic	Group 1
D0322	Tomographic survey	Diagnostic	Group 1
D0330	Panoramic radiographic image	Diagnostic	Group 1
D0340	2D cephalometric radiographic image	Diagnostic	Group 1
D0350	2D oral/facial photographic image obtained intraorally or extraorally	Diagnostic	Group 1
D0365	Cone beam computed tomography capture, one full dental arch/mandible	Diagnostic	Group 1
D0366	Cone beam computed tomography capture, full dental arch-maxilla	Diagnostic	Group 1
D0367	Cone beam computed tomography capture, view of both jaws	Diagnostic	Group 1
D0368	Cone beam computed tomography capture, two or more exposures	Diagnostic	Group 1
D0380	Cone beam computed tomography capture – less than one whole jaw	Diagnostic	Group 1
D0381	Cone beam computed tomography capture, one full dental arch-mandible	Diagnostic	Group 1
D0383	Cone beam computed tomography image capture, view of both jaws	Diagnostic	Group 1
D0384	Cone beam computed tomography image capture, two or more exposures	Diagnostic	Group 1
D0701	Panoramic radiographic image	Diagnostic	Group 1
D0702	2D cephalometric radio image	Diagnostic	Group 1
D0703	2D oral/facial photo image	Diagnostic	Group 1
D0705	Extra oral post radio image	Diagnostic	Group 1
D0706	Intraoral occlusal radio image	Diagnostic	Group 1

ADA code	Description	Type of service	Group
D0707	Intraoral periapical radio image	Diagnostic	Group 1
D0708	Intraoral bite radio image	Diagnostic	Group 1
D0709	Intraoral comp image capture	Diagnostic	Group 1
D2140	Amalgam – one surface, primary or permanent	Restorations	Group 1
D2150	Amalgam – two surfaces, primary or permanent	Restorations	Group 1
D2160	Amalgam – three surfaces, primary or permanent	Restorations	Group 1
D2161	Amalgam – four or more surfaces, primary or permanent	Restorations	Group 1
D2330	Resin-based composite – one surface, anterior	Restorations	Group 1
D2331	Resin-based composite – two surfaces, anterior	Restorations	Group 1
D2332	Resin-based composite – three surfaces, anterior	Restorations	Group 1
D2335	Resin-based composite – four or more surfaces	Restorations	Group 1
D2390	Resin-based composite crown, anterior	Restorations	Group 1
D2391	Resin-based composite – one surface, posterior	Restorations	Group 1
D2392	Resin-based composite – two surfaces, posterior	Restorations	Group 1
D2393	Resin-based composite – three surfaces, posterior	Restorations	Group 1
D2394	Resin-based composite – four or more surfaces, posterior	Restorations	Group 1
D2510	Inlay – metallic – one surface	Restorations	Group 1
D2520	Inlay – metallic – two surfaces	Restorations	Group 1
D2530	Inlay – metallic – three or more surfaces	Restorations	Group 1
D2542	Onlay – metallic – two surfaces	Restorations	Group 1
D2543	Onlay – metallic – three surfaces	Restorations	Group 1
D2544	Onlay – metallic – four or more surfaces	Restorations	Group 1
D2610	Inlay – porcelain/ceramic – one surface	Restorations	Group 1
D2620	Inlay – porcelain/ceramic – two surfaces	Restorations	Group 1



ADA code	Description	Type of service	Group
D2630	Inlay – porcelain/ceramic – three or more surfaces	Restorations	Group 1
D2642	Onlay – porcelain/ceramic – two surfaces	Restorations	Group 1
D2643	Onlay – porcelain/ceramic – three surfaces	Restorations	Group 1
D2644	Onlay – porcelain/ceramic – four or more surfaces	Restorations	Group 1
D2650	Inlay – resin-based composite – one surface	Restorations	Group 1
D2651	Inlay – resin-based composite – two surfaces	Restorations	Group 1
D2652	Inlay – resin-based composite – three or more surfaces	Restorations	Group 1
D2662	Onlay – resin-based composite – two surfaces	Restorations	Group 1
D2663	Onlay – resin-based composite – three surfaces	Restorations	Group 1
D2664	Onlay – resin-based composite – four or more surfaces	Restorations	Group 1
D2710	Crown-resin – based composite (indirect)	Restorations	Group 1
D2712	Crown – 3/4 resin-based composite (indirect)	Restorations	Group 1
D2720	Crown – resin with high noble metal	Restorations	Group 1
D2721	Crown – resin with predominantly base metal	Restorations	Group 1
D2722	Crown – resin with noble metal	Restorations	Group 1
D2740	Crown – porcelain/ceramic	Restorations	Group 1
D2750	Crown – porcelain fused to high noble metal	Restorations	Group 1
D2751	Crown – porcelain fused to predominantly base metal	Restorations	Group 1
D2752	Crown – porcelain fused to noble metal	Restorations	Group 1
D2753	Crown – porcelain fused to titanium and titanium alloys	Restorations	Group 1
D2780	Crown – 3/4 cast high noble metal	Restorations	Group 1
D2781	Crown – 3/4 cast predominantly base metal	Restorations	Group 1
D2782	Crown – 3/4 cast noble metal	Restorations	Group 1
D2783	Crown – 3/4 porcelain/ceramic	Restorations	Group 1

ADA code	Description	Type of service	Group
D2790	Crown – full cast high noble metal	Restorations	Group 1
D2791	Crown – full cast predominantly base metal	Restorations	Group 1
D2792	Crown – full cast noble metal	Restorations	Group 1
D2794	Crown – titanium and titanium alloy	Restorations	Group 1
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Restorations	Group 1
D2929	Prefabricated porcelain/ceramic crown – primary tooth	Restorations	Group 1
D2930	Prefabricated stainless steel crown – primary tooth	Restorations	Group 1
D2931	Prefabricated stainless steel crown – permanent tooth	Restorations	Group 1
D2932	Prefabricated resin crown	Restorations	Group 1
D2933	Prefabricated stainless steel crown with resin window	Restorations	Group 1
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Restorations	Group 1
D2940	Protective restoration	Restorations	Group 1
D2941	Interim therapeutic restoration – primary dentition	Restorations	Group 1
D2949	Restorative foundation for an indirect restoration	Restorations	Group 1
D2950	Core buildup, including any pins when required	Restorations	Group 1
D2951	Pin retention, per tooth, in addition to restoration	Restorations	Group 1
D2952	Post and core in addition to crown – indirectly fabricated	Restorations	Group 1
D2953	Each additional indirectly fabricated post – same tooth	Restorations	Group 1
D2954	Prefabricated post and core in addition to crown	Restorations	Group 1
D2955	Post removal	Restorations	Group 1
D2957	Each additional prefabricated post – same tooth	Restorations	Group 1
D2960	Labial veneer (resin laminate); chairside	Restorations	Group 1
D2961	Labial veneer (resin laminate) – laboratory	Restorations	Group 1



ADA code	Description	Type of service	Group
D2962	Labial veneer (porcelain laminate) – laboratory	Restorations	Group 1
D3110	Pulp cap – direct (excluding final restoration)	Endodontics	Group 1
D3120	Pulp cap – indirect (excluding final restoration)	Endodontics	Group 1
D3220	Therapeutic pulpotomy (excluding final restoration)	Endodontics	Group 1
D3221	Pulpal debridement, primary and permanent teeth	Endodontics	Group 1
D3222	Partial pulpotomy for apexogenesis	Endodontics	Group 1
D3230	Pulpal therapy (resorbable fillings) – anterior	Endodontics	Group 1
D3240	Pulpal therapy (resorbable filling) – posterior	Endodontics	Group 1
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Endodontics	Group 1
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	Endodontics	Group 1
D3330	Endodontic therapy, molar tooth (excluding final restorations)	Endodontics	Group 1
D3331	Treatment of root canal obstruction; non-surgical access	Endodontics	Group 1
D3332	Incomplete endodontic therapy; inoperable	Endodontics	Group 1
D3333	Internal root repair of perforation defects	Endodontics	Group 1
D3346	Retreatment of previous root canal therapy – anterior	Endodontics	Group 1
D3347	Retreatment of previous root canal therapy – premolar	Endodontics	Group 1
D3348	Retreatment of previous root canal therapy – molar	Endodontics	Group 1
D3351	Apexification/recalcification – initial visit	Endodontics	Group 1
D3352	Apexification/recalcification interim medication replacement	Endodontics	Group 1
D3353	Apexification/recalcification – final visit	Endodontics	Group 1
D3355	Pulpal regeneration – initial visit	Endodontics	Group 1
D3356	Pulpal regeneration – interim medication replacement	Endodontics	Group 1

ADA code	Description	Type of service	Group
D3357	Pulpal regeneration – completion of treatment	Endodontics	Group 1
D3410	Apicoectomy – anterior	Endodontics	Group 1
D3421	Apicoectomy – premolar (first root)	Endodontics	Group 1
D3425	Apicoectomy – molar (first root)	Endodontics	Group 1
D3426	Apicoectomy (each additional root)	Endodontics	Group 1
D3428	Bone graft in conjunction with periradicular surgery – per tooth	Endodontics	Group 1
D3429	Bone graft in conjunction with periradicular surgery – each additional	Endodontics	Group 1
D3430	Retrograde filling – per root	Endodontics	Group 1
D3431	Biologic materials to aid in soft and osseous tissue regeneration	Endodontics	Group 1
D3432	Guided tissue regeneration, resorbable barrier, per site	Endodontics	Group 1
D3450	Root amputation – per root	Endodontics	Group 1
D3470	Intentional reimplantation (including necessary splinting)	Endodontics	Group 1
D3471	Surgical repair root resorption anterior	Endodontics	Group 1
D3472	Surgical repair root resorption premolar	Endodontics	Group 1
D3473	Surgical repair root resorption molar	Endodontics	Group 1
D3501	Surgical exposure root surface anterior	Endodontics	Group 1
D3502	Surgical exposure root surface premolar	Endodontics	Group 1
D3503	Surgical exposure root surface molar	Endodontics	Group 1
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth spaces	Periodontics	Group 1
D4211	Gingivectomy or gingivoplasty – one to three teeth, per quadrant	Periodontics	Group 1
D4212	Gingivectomy – gingivoplasty to allow access for restorative procedure	Periodontics	Group 1
D4240	Gingival flap procedure, root planing four or more teeth per quadrant	Periodontics	Group 1

ADA code	Description	Type of service	Group
D4241	Gingival flap procedure, including root planing – one to three teeth	Periodontics	Group 1
D4245	Apically positioned flap	Periodontics	Group 1
D4261	Osseous surgery, one to three teeth, per quadrant	Periodontics	Group 1
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Periodontics	Group 1
D4266	Guided tissue regeneration – resorbable barrier, per site	Periodontics	Group 1
D4267	Guided tissue regeneration – non-resorbable barrier, per site	Periodontics	Group 1
D4274	Mesial/distal wedge procedure, single tooth	Periodontics	Group 1
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Periodontics	Group 1
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Periodontics	Group 1
D4346	Scaling in presence of generalized gingival inflammation	Periodontics	Group 1
D4355	Full mouth debridement to enable a comprehensive oral evaluation	Periodontics	Group 1
D4381	Localized delivery of antimicrobial agents	Periodontics	Group 1
D4910	Periodontal maintenance	Periodontics	Group 1
D4920	Unscheduled dressing change (by someone other than treating dentist)	Periodontics	Group 1
D4921	Gingival irrigation – per quadrant	Periodontics	Group 1
D4999	Unspecified periodontal procedure, by report	Periodontics	Group 1
D7510	Incision and drainage of abscess – intraoral soft tissue	Oral and maxillofacial surgery	Group 1
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated	Oral and maxillofacial surgery	Group 1
D7520	Incision and drainage of abscess – extraoral soft tissue	Oral and maxillofacial surgery	Group 1
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated	Oral and maxillofacial surgery	Group 1

ADA code	Description	Type of service	Group
<b>D7140</b>	Extraction, erupted tooth or exposed root	Oral and maxillofacial surgery	Group 1
<b>D7210</b>	Extraction, erupted tooth requiring removal of bone	Oral and maxillofacial surgery	Group 1
<b>D7220</b>	Removal of impacted tooth – soft tissue	Oral and maxillofacial surgery	Group 1
<b>D7230</b>	Removal of impacted tooth – partially bony	Oral and maxillofacial surgery	Group 1
<b>D7240</b>	Removal of impacted tooth – completely bony	Oral and maxillofacial surgery	Group 1
<b>D7250</b>	Removal of residual tooth roots (cutting procedure)	Oral and maxillofacial surgery	Group 1
<b>D7241</b>	Removal of impacted tooth, completely bony with unusual surgical complications	Oral and maxillofacial surgery	Group 1

## Group 2

### Dental procedures linked to radiation treatment of head and neck cancers

Extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease

**Claims for Group 2 dental procedures must be submitted with at least one of the following diagnoses:**

#### Diagnosis

ICD-10-CM codes	Description	Group
C00.0	Malignant neoplasm of external upper lip	Group 2
C00.1	Malignant neoplasm of external lower lip	Group 2
C00.2	Malignant neoplasm of external lip, unspecified	Group 2
C00.3	Malignant neoplasm of upper lip, inner aspect	Group 2
C00.4	Malignant neoplasm of lower lip, inner aspect	Group 2
C00.6	Malignant neoplasm of commissure of lip, unspecified	Group 2
C00.8	Malignant neoplasm of overlapping sites of lip	Group 2
C00.9	Malignant neoplasm of lip, unspecified	Group 2
C01	Malignant neoplasm of base of tongue	Group 2
C02.0	Malignant neoplasm of dorsal surface of tongue	Group 2
C02.1	Malignant neoplasm of border of tongue	Group 2
C02.2	Malignant neoplasm of ventral surface of tongue	Group 2
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Group 2
C02.4	Malignant neoplasm of lingual tonsil	Group 2
C02.8	Malignant neoplasm of overlapping sites of tongue	Group 2
C02.9	Malignant neoplasm of tongue, unspecified	Group 2
C03.0	Malignant neoplasm of upper gum	Group 2
C03.1	Malignant neoplasm of lower gum	Group 2
C03.9	Malignant neoplasm of gum, unspecified	Group 2

ICD-10-CM codes	Description	Group
C04.0	Malignant neoplasm of anterior floor of mouth	Group 2
C04.1	Malignant neoplasm of lateral floor of mouth	Group 2
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Group 2
C04.9	Malignant neoplasm of floor of mouth, unspecified	Group 2
C05.0	Malignant neoplasm of hard palate	Group 2
C05.1	Malignant neoplasm of soft palate	Group 2
C05.2	Malignant neoplasm of uvula	Group 2
C05.8	Malignant neoplasm of overlapping sites of palate	Group 2
C05.9	Malignant neoplasm of palate, unspecified	Group 2
C06.0	Malignant neoplasm of cheek mucosa	Group 2
C06.1	Malignant neoplasm of vestibule of mouth	Group 2
C06.2	Malignant neoplasm of retromolar area	Group 2
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Group 2
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Group 2
C06.9	Malignant neoplasm of mouth, unspecified	Group 2
C07	Malignant neoplasm of parotid gland	Group 2
C08.0	Malignant neoplasm of submandibular gland	Group 2
C08.1	Malignant neoplasm of sublingual gland	Group 2
C08.9	Malignant neoplasm of major salivary gland, unspecified	Group 2
C09.0	Malignant neoplasm of tonsillar fossa	Group 2
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Group 2
C09.8	Malignant neoplasm of overlapping sites of tonsil	Group 2
C09.9	Malignant neoplasm of tonsil, unspecified	Group 2
C10.0	Malignant neoplasm of vallecula	Group 2
C10.1	Malignant neoplasm of anterior surface of epiglottis	Group 2



ICD-10-CM codes	Description	Group
<b>C10.2</b>	Malignant neoplasm of lateral wall of oropharynx	Group 2
<b>C10.3</b>	Malignant neoplasm of posterior wall of oropharynx	Group 2
<b>C10.4</b>	Malignant neoplasm of branchial cleft	Group 2
<b>C10.8</b>	Malignant neoplasm of overlapping sites of oropharynx	Group 2
<b>C10.9</b>	Malignant neoplasm of oropharynx, unspecified	Group 2
<b>C11.0</b>	Malignant neoplasm of superior wall of nasopharynx	Group 2
<b>C11.1</b>	Malignant neoplasm of posterior wall of nasopharynx	Group 2
<b>C11.2</b>	Malignant neoplasm of lateral wall of nasopharynx	Group 2
<b>C11.3</b>	Malignant neoplasm of anterior wall of nasopharynx	Group 2
<b>C11.8</b>	Malignant neoplasm of overlapping sites of nasopharynx	Group 2
<b>C11.9</b>	Malignant neoplasm of nasopharynx, unspecified	Group 2
<b>C12</b>	Malignant neoplasm of pyriform sinus	Group 2
<b>C13.0</b>	Malignant neoplasm of postcricoid region	Group 2
<b>C13.1</b>	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Group 2
<b>C13.2</b>	Malignant neoplasm of posterior wall of hypopharynx	Group 2
<b>C13.8</b>	Malignant neoplasm of overlapping sites of hypopharynx	Group 2
<b>C13.9</b>	Malignant neoplasm of hypopharynx, unspecified	Group 2
<b>C14.0</b>	Malignant neoplasm of pharynx, unspecified	Group 2
<b>C14.2</b>	Malignant neoplasm of Waldeyer's ring	Group 2
<b>C14.8</b>	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Group 2
<b>C30.0</b>	Malignant neoplasm of nasal cavity	Group 2
<b>C30.1</b>	Malignant neoplasm of middle ear	Group 2
<b>C31.0</b>	Malignant neoplasm of maxillary sinus	Group 2
<b>C31.1</b>	Malignant neoplasm of ethmoidal sinus	Group 2
<b>C31.2</b>	Malignant neoplasm of frontal sinus	Group 2

ICD-10-CM codes	Description	Group
<b>C31.3</b>	Malignant neoplasm of sphenoid sinus	Group 2
<b>C31.8</b>	Malignant neoplasm of overlapping sites of accessory sinuses	Group 2
<b>C32.0</b>	Malignant neoplasm of glottis	Group 2
<b>C32.1</b>	Malignant neoplasm of supraglottis	Group 2
<b>C32.2</b>	Malignant neoplasm of subglottis	Group 2
<b>C32.3</b>	Malignant neoplasm of laryngeal cartilage	Group 2
<b>C32.8</b>	Malignant neoplasm of overlapping sites of larynx	Group 2
<b>C76.0</b>	Malignant neoplasm of head, face and neck	Group 2
<b>D00.00</b>	Carcinoma in situ of oral cavity, unspecified site	Group 2
<b>D00.01</b>	Carcinoma in situ of labial mucosa and vermilion border	Group 2
<b>D00.02</b>	Carcinoma in situ of buccal mucosa	Group 2
<b>D00.03</b>	Carcinoma in situ of gingiva and edentulous alveolar ridge	Group 2
<b>D00.04</b>	Carcinoma in situ of soft palate	Group 2
<b>D00.05</b>	Carcinoma in situ of hard palate	Group 2
<b>D00.06</b>	Carcinoma in situ of floor of mouth	Group 2
<b>D00.07</b>	Carcinoma in situ of tongue	Group 2
<b>D00.08</b>	Carcinoma in situ of pharynx	Group 2
<b>D10.0</b>	Benign neoplasm of lip	Group 2
<b>D10.1</b>	Benign neoplasm of tongue	Group 2
<b>D10.2</b>	Benign neoplasm of floor of mouth	Group 2
<b>D10.30</b>	Benign neoplasm of unspecified part of mouth	Group 2
<b>D10.39</b>	Benign neoplasm of other parts of mouth	Group 2
<b>D10.4</b>	Benign neoplasm of tonsil	Group 2
<b>D10.5</b>	Benign neoplasm of other parts of oropharynx	Group 2
<b>D10.6</b>	Benign neoplasm of nasopharynx	Group 2

ICD-10-CM codes	Description	Group
D10.7	Benign neoplasm of hypopharynx	Group 2
D10.9	Benign neoplasm of pharynx, unspecified	Group 2
D11.0	Benign neoplasm of parotid gland	Group 2
D11.7	Benign neoplasm of other major salivary glands	Group 2
D11.9	Benign neoplasm of major salivary gland, unspecified	Group 2
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses	Group 2
D14.1	Benign neoplasm of larynx	Group 2
D16.4	Benign neoplasm of bones of skull and face	Group 2
D16.5	Benign neoplasm of lower jawbone	Group 2

## Procedures

ADA code	Description	Type of service	Group
D7140	Extraction, erupted tooth or exposed root	Oral and maxillofacial surgery	Group 2
D7210	Extraction, erupted tooth requiring removal of bone	Oral and maxillofacial surgery	Group 2
D7220	Removal of impacted tooth – soft tissue	Oral and maxillofacial surgery	Group 2
D7230	Removal of impacted tooth – partially bony	Oral and maxillofacial surgery	Group 2
D7240	Removal of impacted tooth – completely bony	Oral and maxillofacial surgery	Group 2
D7250	Removal of residual tooth roots (cutting procedure)	Oral and maxillofacial surgery	Group 2
D7241	Removal of impacted tooth, completely bony with unusual surgical complications	Oral and maxillofacial surgery	Group 2

## Group 3

### Dental procedures linked to the treatment of a jaw fracture or dislocation

The stabilization or immobilization of teeth in connection with the reduction of a jaw fracture, and dental splints only when used in conjunction with treatment of a covered medical condition, such as dislocated jaw joints.

**Claims for Group 3 dental procedures must be submitted with at least one of the following diagnoses:**

#### Diagnosis

ICD-10-CM codes	Description	Group
S02.400A	Malar fracture, unspecified side, initial encounter for closed fracture	Group 3
S02.400B	Malar fracture, unspecified side, initial encounter for open fracture	Group 3
S02.400D	Malar fracture, unspecified side, subsequent encounter for fracture with routine healing	Group 3
S02.400G	Malar fracture, unspecified side, subsequent encounter for fracture with delayed healing	Group 3
S02.400K	Malar fracture, unspecified side, subsequent encounter for fracture with nonunion	Group 3
S02.400S	Malar fracture, unspecified side, sequela	Group 3
S02.401A	Maxillary fracture, unspecified side, initial encounter for closed fracture	Group 3
S02.401B	Maxillary fracture, unspecified side, initial encounter for open fracture	Group 3
S02.401D	Maxillary fracture, unspecified side, subsequent encounter for fracture with routine healing	Group 3
S02.401G	Maxillary fracture, unspecified side, subsequent encounter for fracture with delayed healing	Group 3
S02.401K	Maxillary fracture, unspecified side, subsequent encounter for fracture with nonunion	Group 3
S02.401S	Maxillary fracture, unspecified side, sequela	Group 3
S02.402A	Zygomatic fracture, unspecified side, initial encounter for closed fracture	Group 3
S02.402B	Zygomatic fracture, unspecified side, initial encounter for open fracture	Group 3
S02.402D	Zygomatic fracture, unspecified side, subsequent encounter for fracture with routine healing	Group 3

ICD-10-CM codes	Description	Group
S02.402G	Zygomatic fracture, unspecified side, subsequent encounter for fracture with delayed healing	Group 3
S02.402K	Zygomatic fracture, unspecified side, subsequent encounter for fracture with nonunion	Group 3
S02.402S	Zygomatic fracture, unspecified side, sequela	Group 3
S02.402A	Zygomatic fracture, unspecified side, initial encounter for closed fracture	Group 3
S02.402B	Zygomatic fracture, unspecified side, initial encounter for open fracture	Group 3
S02.402D	Zygomatic fracture, unspecified side, subsequent encounter for fracture with routine healing	Group 3
S02.402G	Zygomatic fracture, unspecified side, subsequent encounter for fracture with delayed healing	Group 3
S02.402K	Zygomatic fracture, unspecified side, subsequent encounter for fracture with nonunion	Group 3
S02.402S	Zygomatic fracture, unspecified side, sequela	Group 3
S02.40AA	Malar fracture, right side, initial encounter for closed fracture	Group 3
S02.40AB	Malar fracture, right side, initial encounter for open fracture	Group 3
S02.40AD	Malar fracture, right side, subsequent encounter for fracture with routine healing	Group 3
S02.40AG	Malar fracture, right side, subsequent encounter for fracture with delayed healing	Group 3
S02.40AK	Malar fracture, right side, subsequent encounter for fracture with nonunion	Group 3
S02.40AS	Malar fracture, right side, sequela	Group 3
S02.40BA	Malar fracture, left side, initial encounter for closed fracture	Group 3
S02.40BB	Malar fracture, left side, initial encounter for open fracture	Group 3
S02.40BD	Malar fracture, left side, subsequent encounter for fracture with routine healing	Group 3
S02.40BG	Malar fracture, left side, subsequent encounter for fracture with delayed healing	Group 3
S02.40BK	Malar fracture, left side, subsequent encounter for fracture with nonunion	Group 3
S02.40BS	Malar fracture, left side, sequela	Group 3

ICD-10-CM codes	Description	Group
S02.40CA	Maxillary fracture, right side, initial encounter for closed fracture	Group 3
S02.40CB	Maxillary fracture, right side, initial encounter for open fracture	Group 3
S02.40CD	Maxillary fracture, right side, subsequent encounter for fracture with routine healing	Group 3
S02.40CG	Maxillary fracture, right side, subsequent encounter for fracture with delayed healing	Group 3
S02.40CK	Maxillary fracture, right side, subsequent encounter for fracture with nonunion	Group 3
S02.40CS	Maxillary fracture, right side, sequela	Group 3
S02.40DA	Maxillary fracture, left side, initial encounter for closed fracture	Group 3
S02.40DB	Maxillary fracture, left side, initial encounter for open fracture	Group 3
S02.40DD	Maxillary fracture, left side, subsequent encounter for fracture with routine healing	Group 3
S02.40DG	Maxillary fracture, left side, subsequent encounter for fracture with delayed healing	Group 3
S02.40DK	Maxillary fracture, left side, subsequent encounter for fracture with nonunion	Group 3
S02.40DS	Maxillary fracture, left side, sequela	Group 3
S02.40EA	Zygomatic fracture, right side, initial encounter for closed fracture	Group 3
S02.40EB	Zygomatic fracture, right side, initial encounter for open fracture	Group 3
S02.40ED	Zygomatic fracture, right side, subsequent encounter for fracture with routine healing	Group 3
S02.40EG	Zygomatic fracture, right side, subsequent encounter for fracture with delayed healing	Group 3
S02.40EK	Zygomatic fracture, right side, subsequent encounter for fracture with nonunion	Group 3
S02.40ES	Zygomatic fracture, right side, sequela	Group 3
S02.40FA	Zygomatic fracture, left side, initial encounter for closed fracture	Group 3
S02.40FB	Zygomatic fracture, left side, initial encounter for open fracture	Group 3
S02.40FD	Zygomatic fracture, left side, subsequent encounter for fracture with routine healing	Group 3
S02.40FG	Zygomatic fracture, left side, subsequent encounter for fracture with delayed healing	Group 3



ICD-10-CM codes	Description	Group
S02.40FK	Zygomatic fracture, left side, subsequent encounter for fracture with nonunion	Group 3
S02.40FS	Zygomatic fracture, left side, sequela	Group 3
S02.411A	LeFort I fracture, initial encounter for closed fracture	Group 3
S02.411B	LeFort I fracture, initial encounter for open fracture	Group 3
S02.411D	LeFort I fracture, subsequent encounter for fracture with routine healing	Group 3
S02.411G	LeFort I fracture, subsequent encounter for fracture with delayed healing	Group 3
S02.411K	LeFort I fracture, subsequent encounter for fracture with nonunion	Group 3
S02.411S	LeFort I fracture, sequela	Group 3
S02.412A	LeFort II fracture, initial encounter for closed fracture	Group 3
S02.412B	LeFort II fracture, initial encounter for open fracture	Group 3
S02.412D	LeFort II fracture, subsequent encounter for fracture with routine healing	Group 3
S02.412G	LeFort II fracture, subsequent encounter for fracture with delayed healing	Group 3
S02.412K	LeFort II fracture, subsequent encounter for fracture with nonunion	Group 3
S02.412S	LeFort II fracture, sequela	Group 3
S02.413A	LeFort III fracture, initial encounter for closed fracture	Group 3
S02.413B	LeFort III fracture, initial encounter for open fracture	Group 3
S02.413D	LeFort III fracture, subsequent encounter for fracture with routine healing	Group 3
S02.413G	LeFort III fracture, subsequent encounter for fracture with delayed healing	Group 3
S02.413K	LeFort III fracture, subsequent encounter for fracture with nonunion	Group 3
S02.413S	LeFort III fracture, sequela	Group 3
S02.42XA	Fracture of alveolus of maxilla, initial encounter for closed fracture	Group 3
S02.42XB	Fracture of alveolus of maxilla, initial encounter for open fracture	Group 3
S02.42XD	Fracture of alveolus of maxilla, subsequent encounter for fracture with routine healing	Group 3

ICD-10-CM codes	Description	Group
S02.42XG	Fracture of alveolus of maxilla, subsequent encounter for fracture with delayed healing	Group 3
S02.42XK	Fracture of alveolus of maxilla, subsequent encounter for fracture with nonunion	Group 3
S02.42XS	Fracture of alveolus of maxilla, sequela	Group 3
S02.600A	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for closed fracture	Group 3
S02.600B	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for open fracture	Group 3
S02.600D	Fracture of unspecified part of body of mandible, unspecified side, subsequent encounter for fracture with routine healing	Group 3
S02.600G	Fracture of unspecified part of body of mandible, unspecified side, subsequent encounter for fracture with delayed healing	Group 3
S02.600K	Fracture of unspecified part of body of mandible, unspecified side, subsequent encounter for fracture with nonunion	Group 3
S02.600S	Fracture of unspecified part of body of mandible, unspecified side, sequela	Group 3
S02.601A	Fracture of unspecified part of body of right mandible, initial encounter for closed fracture	Group 3
S02.601B	Fracture of unspecified part of body of right mandible, initial encounter for open fracture	Group 3
S02.601D	Fracture of unspecified part of body of right mandible, subsequent encounter for fracture with routine healing	Group 3
S02.601G	Fracture of unspecified part of body of right mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.601K	Fracture of unspecified part of body of right mandible, subsequent encounter for fracture with nonunion	Group 3
S02.601S	Fracture of unspecified part of body of right mandible, sequela	Group 3
S02.602A	Fracture of unspecified part of body of left mandible, initial encounter for closed fracture	Group 3
S02.602B	Fracture of unspecified part of body of left mandible, initial encounter for open fracture	Group 3
S02.602D	Fracture of unspecified part of body of left mandible, subsequent encounter for fracture with routine healing	Group 3
S02.602G	Fracture of unspecified part of body of left mandible, subsequent encounter for fracture with delayed healing	Group 3

ICD-10-CM codes	Description	Group
S02.602K	Fracture of unspecified part of body of left mandible, subsequent encounter for fracture with nonunion	Group 3
S02.602S	Fracture of unspecified part of body of left mandible, sequela	Group 3
S02.609A	Fracture of mandible, unspecified, initial encounter for closed fracture	Group 3
S02.609B	Fracture of mandible, unspecified, initial encounter for open fracture	Group 3
S02.609D	Fracture of mandible, unspecified, subsequent encounter for fracture with routine healing	Group 3
S02.609G	Fracture of mandible, unspecified, subsequent encounter for fracture with delayed healing	Group 3
S02.609K	Fracture of mandible, unspecified, subsequent encounter for fracture with nonunion	Group 3
S02.609S	Fracture of mandible, unspecified, sequela	Group 3
S02.611A	Fracture of condylar process of right mandible, initial encounter for closed fracture	Group 3
S02.611B	Fracture of condylar process of right mandible, initial encounter for open fracture	Group 3
S02.611D	Fracture of condylar process of right mandible, subsequent encounter for fracture with routine healing	Group 3
S02.611G	Fracture of condylar process of right mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.611K	Fracture of condylar process of right mandible, subsequent encounter for fracture with nonunion	Group 3
S02.611S	Fracture of condylar process of right mandible, sequela	Group 3
S02.612A	Fracture of condylar process of left mandible, initial encounter for closed fracture	Group 3
S02.612B	Fracture of condylar process of left mandible, initial encounter for open fracture	Group 3
S02.612D	Fracture of condylar process of left mandible, subsequent encounter for fracture with routine healing	Group 3
S02.612G	Fracture of condylar process of left mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.612K	Fracture of condylar process of left mandible, subsequent encounter for fracture with nonunion	Group 3
S02.612S	Fracture of condylar process of left mandible, sequela	Group 3

ICD-10-CM codes	Description	Group
<b>S02.621A</b>	Fracture of subcondylar process of right mandible, initial encounter for closed fracture	Group 3
<b>S02.621B</b>	Fracture of subcondylar process of right mandible, initial encounter for open fracture	Group 3
<b>S02.621D</b>	Fracture of subcondylar process of right mandible, subsequent encounter for fracture with routine healing	Group 3
<b>S02.621G</b>	Fracture of subcondylar process of right mandible, subsequent encounter for fracture with delayed healing	Group 3
<b>S02.621K</b>	Fracture of subcondylar process of right mandible, subsequent encounter for fracture with nonunion	Group 3
<b>S02.621S</b>	Fracture of subcondylar process of right mandible, sequela	Group 3
<b>S02.622A</b>	Fracture of subcondylar process of left mandible, initial encounter for closed fracture	Group 3
<b>S02.622B</b>	Fracture of subcondylar process of left mandible, initial encounter for open fracture	Group 3
<b>S02.622D</b>	Fracture of subcondylar process of left mandible, subsequent encounter for fracture with routine healing	Group 3
<b>S02.622G</b>	Fracture of subcondylar process of left mandible, subsequent encounter for fracture with delayed healing	Group 3
<b>S02.622K</b>	Fracture of subcondylar process of left mandible, subsequent encounter for fracture with nonunion	Group 3
<b>S02.622S</b>	Fracture of subcondylar process of left mandible, sequela	Group 3
<b>S02.631A</b>	Fracture of coronoid process of right mandible, initial encounter for closed fracture	Group 3
<b>S02.631B</b>	Fracture of coronoid process of right mandible, initial encounter for open fracture	Group 3
<b>S02.631D</b>	Fracture of coronoid process of right mandible, subsequent encounter for fracture with routine healing	Group 3
<b>S02.631G</b>	Fracture of coronoid process of right mandible, subsequent encounter for fracture with delayed healing	Group 3
<b>S02.631K</b>	Fracture of coronoid process of right mandible, subsequent encounter for fracture with nonunion	Group 3
<b>S02.631S</b>	Fracture of coronoid process of right mandible, sequela	Group 3
<b>S02.632A</b>	Fracture of coronoid process of left mandible, initial encounter for closed fracture	Group 3
<b>S02.632B</b>	Fracture of coronoid process of left mandible, initial encounter for open fracture	Group 3

ICD-10-CM codes	Description	Group
S02.632D	Fracture of coronoid process of left mandible, subsequent encounter for fracture with routine healing	Group 3
S02.632G	Fracture of coronoid process of left mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.632K	Fracture of coronoid process of left mandible, subsequent encounter for fracture with nonunion	Group 3
S02.632S	Fracture of coronoid process of left mandible, sequela	Group 3
S02.641A	Fracture of ramus of right mandible, initial encounter for closed fracture	Group 3
S02.641B	Fracture of ramus of right mandible, initial encounter for open fracture	Group 3
S02.641D	Fracture of ramus of right mandible, subsequent encounter for fracture with routine healing	Group 3
S02.641G	Fracture of ramus of right mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.641K	Fracture of ramus of right mandible, subsequent encounter for fracture with nonunion	Group 3
S02.641S	Fracture of ramus of right mandible, sequela	Group 3
S02.642A	Fracture of ramus of left mandible, initial encounter for closed fracture	Group 3
S02.642B	Fracture of ramus of left mandible, initial encounter for open fracture	Group 3
S02.642D	Fracture of ramus of left mandible, subsequent encounter for fracture with routine healing	Group 3
S02.642G	Fracture of ramus of left mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.642K	Fracture of ramus of left mandible, subsequent encounter for fracture with nonunion	Group 3
S02.642S	Fracture of ramus of left mandible, sequela	Group 3
S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture	Group 3
S02.651B	Fracture of angle of right mandible, initial encounter for open fracture	Group 3
S02.651D	Fracture of angle of right mandible, subsequent encounter for fracture with routine healing	Group 3
S02.651G	Fracture of angle of right mandible, subsequent encounter for fracture with delayed healing	Group 3

ICD-10-CM codes	Description	Group
S02.651K	Fracture of angle of right mandible, subsequent encounter for fracture with nonunion	Group 3
S02.651S	Fracture of angle of right mandible, sequela	Group 3
S02.652A	Fracture of angle of left mandible, initial encounter for closed fracture	Group 3
S02.652B	Fracture of angle of left mandible, initial encounter for open fracture	Group 3
S02.652D	Fracture of angle of left mandible, subsequent encounter for fracture with routine healing	Group 3
S02.652G	Fracture of angle of left mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.652K	Fracture of angle of left mandible, subsequent encounter for fracture with nonunion	Group 3
S02.652S	Fracture of angle of left mandible, sequela	Group 3
S02.66XA	Fracture of symphysis of mandible, initial encounter for closed fracture	Group 3
S02.66XB	Fracture of symphysis of mandible, initial encounter for open fracture	Group 3
S02.66XD	Fracture of symphysis of mandible, subsequent encounter for fracture with routine healing	Group 3
S02.66XG	Fracture of symphysis of mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.66XK	Fracture of symphysis of mandible, subsequent encounter for fracture with nonunion	Group 3
S02.66XS	Fracture of symphysis of mandible, sequela	Group 3
S02.671A	Fracture of alveolus of right mandible, initial encounter for closed fracture	Group 3
S02.671B	Fracture of alveolus of right mandible, initial encounter for open fracture	Group 3
S02.671D	Fracture of alveolus of right mandible, subsequent encounter for fracture with routine healing	Group 3
S02.671G	Fracture of alveolus of right mandible, subsequent encounter for fracture with delayed healing	Group 3
S02.671K	Fracture of alveolus of right mandible, subsequent encounter for fracture with nonunion	Group 3
S02.671S	Fracture of alveolus of right mandible, sequela	Group 3



ICD-10-CM codes	Description	Group
<b>S02.672A</b>	Fracture of alveolus of left mandible, initial encounter for closed fracture	Group 3
<b>S02.672B</b>	Fracture of alveolus of left mandible, initial encounter for open fracture	Group 3
<b>S02.672D</b>	Fracture of alveolus of left mandible, subsequent encounter for fracture with routine healing	Group 3
<b>S02.672G</b>	Fracture of alveolus of left mandible, subsequent encounter for fracture with delayed healing	Group 3
<b>S02.672K</b>	Fracture of alveolus of left mandible, subsequent encounter for fracture with nonunion	Group 3
<b>S02.672S</b>	Fracture of alveolus of left mandible, sequela	Group 3
<b>S02.69XA</b>	Fracture of mandible of other specified site, initial encounter for closed fracture	Group 3
<b>S02.69XB</b>	Fracture of mandible of other specified site, initial encounter for open fracture	Group 3
<b>S02.69XD</b>	Fracture of mandible of other specified site, subsequent encounter for fracture with routine healing	Group 3
<b>S02.69XG</b>	Fracture of mandible of other specified site, subsequent encounter for fracture with delayed healing	Group 3
<b>S02.69XK</b>	Fracture of mandible of other specified site, subsequent encounter for fracture with nonunion	Group 3
<b>S02.69XS</b>	Fracture of mandible of other specified site, sequela	Group 3
<b>S02.92XB</b>	Unspecified fracture of facial bones, initial encounter for open fracture	Group 3

## Procedures

ADA code	Description	Type of service	Group
<b>D5988</b>	Surgical splint	Maxillofacial prosthetics	Group 3
<b>D7140</b>	Extraction, erupted tooth or exposed root	Oral and maxillofacial surgery	Group 3
<b>D7210</b>	Extraction, erupted tooth requiring removal of bone	Oral and maxillofacial surgery	Group 3
<b>D7220</b>	Removal of impacted tooth – soft tissue	Oral and maxillofacial surgery	Group 3
<b>D7230</b>	Removal of impacted tooth – partially bony	Oral and maxillofacial surgery	Group 3

ADA code	Description	Type of service	Group
<b>D7240</b>	Removal of impacted tooth – completely bony	Oral and maxillofacial surgery	Group 3
<b>D7241</b>	Removal of impacted tooth – completely bony with unusual surgical complications	Oral and maxillofacial surgery	Group 3
<b>D7250</b>	Removal of residual tooth roots (cutting procedure)	Oral and maxillofacial surgery	Group 3
<b>D7610</b>	Maxilla – open reduction (teeth immobilized, if present)	Oral and maxillofacial surgery	Group 3
<b>D7620</b>	Maxilla – closed reduction (teeth immobilized, if present)	Oral and maxillofacial surgery	Group 3
<b>D7630</b>	Mandible – open reduction (teeth immobilized, if present)	Oral and maxillofacial surgery	Group 3
<b>D7640</b>	Mandible – closed reduction (teeth immobilized, if present)	Oral and maxillofacial surgery	Group 3
<b>D7650</b>	Malar and/or zygomatic arch – open reduction	Oral and maxillofacial surgery	Group 3
<b>D7660</b>	Malar and/or zygomatic arch – closed reduction	Oral and maxillofacial surgery	Group 3
<b>D7670</b>	Alveolus – closed reduction, may include stabilization of teeth	Oral and maxillofacial surgery	Group 3
<b>D7671</b>	Alveolus – open reduction, may include stabilization of teeth	Oral and maxillofacial surgery	Group 3
<b>D7680</b>	Facial bones – complicated reduction with fixation surgical approaches	Oral and maxillofacial surgery	Group 3
<b>D7710</b>	Maxilla – open reduction	Oral and maxillofacial surgery	Group 3
<b>D7720</b>	Maxilla – closed reduction	Oral and maxillofacial surgery	Group 3
<b>D7730</b>	Mandible – open reduction	Oral and maxillofacial surgery	Group 3
<b>D7740</b>	Mandible – closed reduction	Oral and maxillofacial surgery	Group 3
<b>D7750</b>	Malar and/or zygomatic arch – open reduction	Oral and maxillofacial surgery	Group 3
<b>D7760</b>	Malar and/or zygomatic arch – closed reduction	Oral and maxillofacial surgery	Group 3
<b>D7770</b>	Alveolus – open reduction stabilization of teeth	Oral and maxillofacial surgery	Group 3

ADA code	Description	Type of service	Group
<b>D7771</b>	Alveolus – closed reduction stabilization of teeth	Oral and maxillofacial surgery	Group 3
<b>D7780</b>	Facial bones – complicated reduction with fixation, multiple	Oral and maxillofacial surgery	Group 3
<b>D7810</b>	Open reduction of dislocation	Oral and maxillofacial surgery	Group 3
<b>D7820</b>	Closed reduction of dislocation	Oral and maxillofacial surgery	Group 3
<b>D7830</b>	Manipulation under anesthesia	Oral and maxillofacial surgery	Group 3
<b>D7840</b>	Condylectomy	Oral and maxillofacial surgery	Group 3
<b>D7850</b>	Surgical discectomy, with/without implant	Oral and maxillofacial surgery	Group 3
<b>D7852</b>	Disc repair	Oral and maxillofacial surgery	Group 3
<b>D7854</b>	Synovectomy	Oral and maxillofacial surgery	Group 3
<b>D7856</b>	Myotomy	Oral and maxillofacial surgery	Group 3
<b>D7858</b>	Joint reconstruction	Oral and maxillofacial surgery	Group 3
<b>D7860</b>	Arthrotomy	Oral and maxillofacial surgery	Group 3
<b>D7865</b>	Arthroplasty	Oral and maxillofacial surgery	Group 3
<b>D7870</b>	Arthrocentesis	Oral and maxillofacial surgery	Group 3
<b>D7871</b>	Non-arthroscopic lysis and lavage	Oral and maxillofacial surgery	Group 3
<b>D7872</b>	Arthroscopy – diagnosis, with or without biopsy	Oral and maxillofacial surgery	Group 3
<b>D7873</b>	Arthroscopy – lavage and lysis of adhesions	Oral and maxillofacial surgery	Group 3
<b>D7874</b>	Arthroscopy – disc repositioning and stabilization	Oral and maxillofacial surgery	Group 3
<b>D7875</b>	Arthroscopy – synovectomy	Oral and maxillofacial surgery	Group 3

ADA code	Description	Type of service	Group
<b>D7876</b>	Arthroscopy – discectomy	Oral and maxillofacial surgery	Group 3
<b>D7877</b>	Arthroscopy – debridement	Oral and maxillofacial surgery	Group 3
<b>D7880</b>	Occlusal orthotic device, by report	Oral and maxillofacial surgery	Group 3
<b>D7881</b>	Occlusal orthotic device adjustment	Oral and maxillofacial surgery	Group 3

## Group 4

### Dental procedures linked to the surgical removal of a tumor

The reconstruction of a dental ridge performed as a result of and at the same time as the surgical removal of a tumor.

**Claims for Group 4 dental procedures must be submitted with at least one of the following diagnoses:**

### Diagnosis

ICD-10-CM codes	Description	Group
<b>C05.9</b>	Malignant neoplasm of palate, unspecified	Group 4
<b>C41.0</b>	Malignant neoplasm of bones of skull and face	Group 4
<b>C41.1</b>	Malignant neoplasm of mandible	Group 4
<b>D10.39</b>	Benign neoplasm of other parts of mouth	Group 4
<b>C79.89</b>	Secondary malignant neoplasm of other specified sites	Group 4
<b>C80.1</b>	Malignant (primary) neoplasm, unspecified	Group 4
<b>D21.0</b>	Benign neoplasm of connective/soft tissue of head, face and neck	Group 4
<b>D37.09</b>	Neoplasm of uncertain behavior of sites of the oral cavity	Group 4
<b>D48.0</b>	Neoplasm of uncertain behavior of bone/articular cartilage	Group 4
<b>D49.0</b>	Neoplasm of unspecified behavior of digestive system	Group 4
<b>K06.2</b>	Gingival and edentulous alveolar ridge lesions associated with trauma	Group 4
<b>K08.20</b>	Unspecified atrophy of edentulous alveolar ridge	Group 4

ICD-10-CM codes	Description	Group
K08.24	Minimal atrophy of maxilla	Group 4
K08.25	Moderate atrophy of the maxilla	Group 4
K08.26	Severe atrophy of the maxilla	Group 4
K13.70	Unspecified lesions of oral mucosa	Group 4

## Procedures

ADA code	Description	Type of service	Group
D7140	Extraction, erupted tooth or exposed root	Oral and maxillofacial surgery	Group 4
D7210	Extraction, erupted tooth requiring removal of bone	Oral and maxillofacial surgery	Group 4
D7220	Removal of impacted tooth – soft tissue	Oral and maxillofacial surgery	Group 4
D7230	Removal of impacted tooth – partially bony	Oral and maxillofacial surgery	Group 4
D7240	Removal of impacted tooth – completely bony	Oral and maxillofacial surgery	Group 4
D7241	Removal of impacted tooth, completely bony with unusual surgical complications	Oral and maxillofacial surgery	Group 4
D7250	Removal of residual tooth roots (cutting procedure)	Oral and maxillofacial surgery	Group 4
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or maxilla	Oral and maxillofacial surgery	Group 4
D7955	Repair of maxillofacial soft and hard tissue defect	Oral and maxillofacial surgery	Group 4
D7295	Harvest of bone for use in autogenous grafting procedures	Oral and maxillofacial surgery	Group 4
D7956	Guided tissue regeneration – resorbable barrier	Oral and maxillofacial surgery	Group 4
D7957	Guided tissue regeneration – nonresorbable barrier	Oral and maxillofacial surgery	Group 4

## Group 5

### Dental procedures linked to oral maxillofacial prosthesis

A denture or other prosthesis that is an integral part (built-in) of a covered prosthesis.

**Claims for Group 5 dental procedures must be submitted with at least one of the following diagnoses:**

#### Diagnosis

ICD-10-CM codes	Description	Group
D10.0 - D10.5	All benign neoplasms	Group 5
K08.101	Complete loss of teeth, unspecified cause, class I	Group 5
K08.102	Complete loss of teeth, unspecified cause, class II	Group 5
K08.103	Complete loss of teeth, unspecified cause, class III	Group 5
K08.104	Complete loss of teeth, unspecified cause, class IV	Group 5
K08.109	Complete loss of teeth, unspecified cause, unspecified class	Group 5
K08.111	Complete loss of teeth due to trauma, class I	Group 5
K08.112	Complete loss of teeth due to trauma, class II	Group 5
K08.113	Complete loss of teeth due to trauma, class III	Group 5
K08.114	Complete loss of teeth due to trauma, class IV	Group 5
K08.119	Complete loss of teeth due to trauma, unspecified class	Group 5
K08.21	Minimal atrophy of the mandible	Group 5
K08.22	Moderate atrophy of the mandible	Group 5
K08.23	Severe atrophy of the mandible	Group 5
K08.401	Partial loss of teeth, unspecified cause, class I	Group 5
K08.402	Partial loss of teeth, unspecified cause, class II	Group 5
K08.403	Partial loss of teeth, unspecified cause, class III	Group 5
K08.404	Partial loss of teeth, unspecified cause, class IV	Group 5
K08.409	Partial loss of teeth, unspecified cause, unspecified class	Group 5
K08.411	Partial loss of teeth due to trauma, class I	Group 5



ICD-10-CM codes	Description	Group
K08.412	Partial loss of teeth due to trauma, class II	Group 5
K08.413	Partial loss of teeth due to trauma, class III	Group 5
K08.414	Partial loss of teeth due to trauma, class IV	Group 5
K08.419	Partial loss of teeth due to trauma, unspecified class	Group 5
K08.81	Primary occlusal trauma	Group 5
K08.82	Secondary occlusal trauma	Group 5
K08.89	Other specified disorders of teeth and supporting structures	Group 5
S02.610A	Fx condylar process of mandible, unspecified side, initial	Group 5
S02.610B	Fx condylar process of mandible, unspecified side, 7thB	Group 5
S02.610D	Fx condylar process of mandible, unspecified side, 7thD	Group 5
S02.610G	Fx condylar process of mandible, unspecified side, 7thG	Group 5
S02.610K	Fx condylar process of mandible, unspecified side, 7thK	Group 5
S02.610S	Fx condylar process of mandible, unspecified side, sequela	Group 5
S02.620A	Fx subcondylar process of mandible, unspecified side, initial	Group 5
S02.620B	Fx subcondylar process of mandible, unspecified side, 7thB	Group 5
S02.620D	Fx subcondylar process of mandible, unspecified side, 7thD	Group 5
S02.620G	Fx subcondylar process of mandible, unspecified side, 7thG	Group 5
S02.620K	Fx subcondylar process of mandible, unspecified side, 7thK	Group 5
S02.620S	Fx subcondylar process of mandible, unspecified side, sequela	Group 5
S02.630A	Fx coronoid process of mandible, unspecified side, initial	Group 5
S02.630B	Fx coronoid process of mandible, unspecified side, 7thB	Group 5
S02.630D	Fx coronoid process of mandible, unspecified side, 7thD	Group 5
S02.630G	Fx coronoid process of mandible, unspecified side, 7thG	Group 5
S02.630K	Fx coronoid process of mandible, unspecified side, 7thK	Group 5
S02.630S	Fx coronoid process of mandible, unspecified side, sequela	Group 5

ICD-10-CM codes	Description	Group
S02.640A	Fracture of ramus of mandible, unspecified side, initial	Group 5
S02.640B	Fracture of ramus of mandible, unspecified side, 7thB	Group 5
S02.640D	Fracture of ramus of mandible, unspecified side, 7thD	Group 5
S02.640G	Fracture of ramus of mandible, unspecified side, 7thG	Group 5
S02.640K	Fracture of ramus of mandible, unspecified side, 7thK	Group 5
S02.640S	Fracture of ramus of mandible, unspecified side, sequela	Group 5
S02.650A	Fracture of angle of mandible, unspecified side, initial	Group 5
S02.650B	Fracture of angle of mandible, unspecified side, 7thB	Group 5
S02.650D	Fracture of angle of mandible, unspecified side, 7thD	Group 5
S02.650G	Fracture of angle of mandible, unspecified side, 7thG	Group 5
S02.650K	Fracture of angle of mandible, unspecified side, 7thK	Group 5
S02.650S	Fracture of angle of mandible, unspecified side, sequela	Group 5
S02.670A	Fracture of alveolus of mandible, unspecified side, initial	Group 5
S02.670B	Fracture of alveolus of mandible, unspecified side, 7thB	Group 5
S02.670D	Fracture of alveolus of mandible, unspecified side, 7thD	Group 5
S02.670G	Fracture of alveolus of mandible, unspecified side, 7thG	Group 5
S02.670K	Fracture of alveolus of mandible, unspecified side, 7thK	Group 5
S02.670S	Fracture of alveolus of mandible, unspecified side, sequela	Group 5
S03.00XA	Dislocation of jaw, unspecified side, initial encounter	Group 5
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter	Group 5
S03.00XS	Dislocation of jaw, unspecified side, sequela	Group 5
S03.01XA	Dislocation of jaw, right side, initial encounter	Group 5
S03.01XD	Dislocation of jaw, right side, subsequent encounter	Group 5
S03.01XS	Dislocation of jaw, right side, sequela	Group 5
S03.02XA	Dislocation of jaw, left side, initial encounter	Group 5

ICD-10-CM codes	Description	Group
S03.02XD	Dislocation of jaw, left side, subsequent encounter	Group 5
S03.02XS	Dislocation of jaw, left side, sequela	Group 5
S03.03XA	Dislocation of jaw, bilateral, initial encounter	Group 5
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter	Group 5
S03.03XS	Dislocation of jaw, bilateral, sequela	Group 5
S09.90	Unspecified injury of head	Group 5
S09.93	Unspecified injury of face	Group 5
Z48.814	Encounter for surgical aftercare following surgery on the teeth or oral cavity	Group 5
Z98.811	Dental restoration status	Group 5
Z98.818	Other dental procedure status	Group 5
D00.00 – D04.0	All carcinoma in situ of oral cavity	Group 5
C00.0 – C08.9	All malignant ICD-10 (lips, tongue, gums, floor of mouth, palate, oropharyngeal, other areas, salivary glands)	Group 5

## Procedures

ADA code	Description	Type of service	Group
D5932	Obturator prosthesis, definitive	Maxillofacial Prosthetics	Group 5
D5936	Obturator prosthesis, interim	Maxillofacial Prosthetics	Group 5
D5933	Obturator prosthesis, modification	Maxillofacial Prosthetics	Group 5
D5931	Obturator prosthesis, surgical	Maxillofacial Prosthetics	Group 5
D5934	Mandibular resection prosthesis with guide flange	Maxillofacial Prosthetics	Group 5
D5935	Mandibular resection prosthesis without guide flange	Maxillofacial Prosthetics	Group 5
D6190	Radiographic/surgical implant index, by report	Implants	Group 5
D6010	Surgical placement of implant body: endosteal implant	Implants	Group 5

ADA code	Description	Type of service	Group
D6011	Second stage implant surgery	Implants	Group 5
D6012	Surgical placement of interim implant body for transitional prosthesis	Implants	Group 5
D6100	Implant removal by report	Implants	Group 5
D6055	Dental implant supported connecting bar	Implants	Group 5
D6056	Prefabricated abutment – includes modification and placement	Implants	Group 5
D6057	Custom fabricated abutment – includes placement	Implants	Group 5
D6051	Interim abutment	Implants	Group 5
D6191	Semi-precision abutment	Implants	Group 5
D6192	Semi-precision attachment	Implants	Group 5

## Additional claim submission process details

We recommend submitting dental procedures that are to be covered under the basic medical benefit as a predetermination or an advanced coverage determination (ACD).

### Submitting an ACD/predetermination for inextricably linked dental services

CMS does not permit any provider to use the Advance Beneficiary Notice (ABN) for a Medicare Advantage (MA) plan enrollee. However, as with Original Medicare, if a provider thinks a specific service might not be covered, CMS expects the provider to share that information with the patient before providing the service. Note that for contracted providers, CMS has established very specific requirements for such services. Before providing a service that might not be covered, you should contact CarePlus to request an ACD/predetermination, unless the member's plan certificate clearly indicates that the service is never covered. For procedures or services that are investigational, experimental or may have limited benefit coverage, or if you have questions regarding whether CarePlus will pay for any service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if CarePlus needs additional information. ACDs for inextricably linked dental services should be submitted in writing or by fax.

#### Requests should include:

- **Related history and physical examination:**
  - Dental records (include all treatment records)
  - Oral surgery records (include all treatment records)
  - Dental X-rays (preferably photo-quality digital prints)

- **Office notes to include:**

- Clear direction regarding the service(s)/procedure(s) being requested, including American Dental Association (ADA) codes, number of units, tooth number, quadrant and/or arch
- Any information related to impairment or deformity
- Test results and measurements
- Medical necessity/documentation of the inextricable link to the covered medical condition or planned procedure, including the ICD-10 diagnosis code(s) related to the dental service(s) provided and planned medical condition or surgical procedure considered “inextricably linked”
  - If a physician, including a dentist, believes they possess information to support that the dental services are inextricably linked to a covered medical service that demonstrates adherence to the requirements of this policy and that coordination of care between the medical and dental practitioners has occurred and met the criteria of the payment policy, providers may include the KX modifier on the claim form to expedite determination of inextricable linkage determinations.
- Evidence of coordination of care between medical specialty and dental providers
- Any other pertinent information

**Send written requests to the following address:**

CarePlus Health Plans  
P.O. Box 14601  
Lexington, KY 40512-4601

**Submit by fax: 888-790-9999**

**General claim filing**

MA plans allow payment for Medicare-covered services at contracted rates, minus the patient’s cost share, which typically is a copayment.

To facilitate efficient and accurate claim processing, please:

- Include your provider Tax Identification Number, Medicare ID, NPI and taxonomy number. Facilities should use the subunit identifier with their facility IDs.
- Consider using dedicated Medicare billing staff and/or Medicare editing software.
- Include any documentation that would be required on a Medicare claim.
- Include any specific information required to process claims for the procedure(s) performed.

In addition, for each of these specific services, please also include the following:

- **Oral surgery:** Providers should submit preoperative X-rays of diagnostic quality for applicable teeth and a detailed narrative.

- **Periodontics:** Providers should submit preoperative X-rays of diagnostic quality for applicable teeth, detailed narrative, and periodontal charting. Periodontal cleanings should also include prior periodontal history.
- **Prosthodontics:** Providers should submit preoperative X-rays of diagnostic quality for applicable teeth, detailed narrative, extraction dates for each tooth involved, other non-replaced missing teeth in the arch, initial/replacement information and if replacement, age of existing service and reason for replacement. Prior carrier information is needed if tooth/teeth extracted prior to member becoming effective with CarePlus.

**Before submitting a claim, please be sure to confirm the patient's medical plan carrier on the front of the member ID card.**

### Claims for CarePlus Health Plans patients

CarePlus Health Plans accepts professional claims for inextricably linked dental services on the CMS 1500 form. You can submit it via fax to 855-811-0408 or by sending it to us at the following address:

CarePlus Health Plans  
P.O. Box 14601  
Lexington, KY 40512-4601

For additional CarePlus claims and payment information, including how to initiate a claims dispute, please go to [CarePlusHealthPlans.com/Claims](https://www.CarePlusHealthPlans.com/Claims).

### Exclusions

Any provider currently on the CMS opt-out list is excluded from payment for performing these services, as they are prohibited from payment on any basis for basic benefits furnished to a Medicare enrollee.

