

Subject:	Medical Dental and Oral Health Coverage		
Policy Number:	PO-RE-169v1		
Effective Date:	01/01/2024	Last Approval Date:	04/20/2026

I. Policy Description

Healthfirst recognizes that certain dental services are medically necessary and eligible for reimbursement when covered under a member’s medical benefit in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines and applicable state and federal regulations.

The information below applies to the following lines of business:

- Medicare Advantage
- Medicare PPO
- Medicaid Advantage Plus/MAP (CompleteCare)

Policy Scope

This policy establishes standardized reimbursement and billing requirements for dental services submitted under the medical benefit. Healthfirst will adjudicate eligible dental services in alignment with:

- CMS Medicare Dental Coverage Guidance
- <https://www.cms.gov/medicare/coverage/dental>
- Member-specific benefit plan documents
- Healthfirst Coverage Determination Policies

Dental services are reimbursable under the medical benefit when they are:

- Medically necessary
- Directly related to or integral to a covered medical service
- Submitted with appropriate diagnosis coding and required modifiers
- Eligible under member benefit design and coverage rules

Routine dental services remain excluded unless specifically covered under the member’s plan.

A. Covered Medical Services

The following services are considered covered medical services under the member's medical benefit. Dental services may be eligible for reimbursement when they are inextricably linked to or required for the success of these procedures or treatments:

Effective January 1, 2024

- Medicare-covered organ transplants
- Cardiac valve replacement
- Valvuloplasty procedure
- Reconstruction of dental ridge because of surgical removal of a tumor
- Stabilization or immobilization of teeth in connection with a jaw fracture and dental splints for treatment of dislocated jaw joints
- Preparing the jaw for radiation treatment of neoplastic disease
- Chemotherapy services
- Chimeric antigen receptor T (CAR-T) therapy
- High-dose bone modifying agents when used to treat cancer
- Treatment of head and neck cancer using radiation, chemotherapy, and/or surgery

Effective January 1, 2025

- Dialysis services for the treatment of End Stage Renal Disease (ESRD)

B. Medically Necessary Dental-Related Surgical Services

When directly related to treatment of a covered medical condition:

- Reconstruction of dental ridge due to surgical removal of a tumor
- Stabilization or immobilization of teeth in connection with a jaw fracture
- Dental splints for treatment of dislocated jaw joints
- Preparing the jaw for radiation treatment of neoplastic disease

C. Reimbursement Guidelines

1. Claim Submission Requirements

Healthfirst will accept dental services billed under the member's benefit plan via the following formats:

- 837P (Professional)
- 837I (Institutional)

Note: Electronic submission is strongly encouraged.

2. Billing Requirements

All dental services billed under the medical benefit must include:

- Valid ICD-10-CM Diagnosis Code (s)
 - Diagnosis must support medical necessity.
 - Diagnosis must reflect the medical condition requiring dental intervention.

- CPT/HCPCS Procedure Code(s)
 - Appropriate medical CPT/HCPCS codes must be submitted.
 - CDT codes are not sufficient for medical reimbursement.
 - Effective July 1, 2025
 - **KX Modifier (Required)**
3. Coverage Rules
Healthfirst follows CMS guidelines regarding coverage of dental services under the medical benefit. Dental services may be covered when they are:
- Inextricably linked to a covered medical services.
 - Dental services that are integral to the clinical success of the medical procedure.
 - Necessary to the treatment of the medical condition.
4. Documentation Requirements:
Provider must maintain documentation supporting:
- The medical condition requiring dental treatment.
 - Diagnosis codes supporting one of the qualifying medical conditions.
5. Eligible Providers
- Primarily Doctor of Dental Surgery (DDS)
 - Doctor of Dental Medicine (DDM) with potential Otolaryngologist (ENT) and maxillofacial surgeons
6. Coordination of Benefits (COB)
When both medical and dental coverage exist:
- Determination of primary payer will follow CMS COB guidelines.
 - If another insurer is primary, the Explanation of Benefits (EOB) must accompany the claim submission.
 - Healthfirst will coordinate benefits to ensure total reimbursement does not exceed allowable amounts.
 - Healthfirst will apply CMS Medicare Secondary Payer (MSP) rules.
 - Claims must include appropriate MSP indicators when applicable.

D. Exclusions – Routine Dental Services

This policy excludes routine dental services unless explicitly covered under the member's supplemental benefit plan.

Routine dental services include, but are not limited to:

- Preventive services (e.g., cleanings, fluoride treatments, sealants)
- Routine exams, X-rays, and diagnostic services that are not tied to a medical condition
- Fillings, crowns, bridges, dentures, and implants for non-medical indications
- Orthodontic services (unless medically necessary and covered)
- Cosmetic dental procedures



Dental services that are not directly related to or integral to a covered medical condition or procedure will be denied under the medical benefit.

Adjudication and Appeal Process

1. Reimbursement for medical dental and oral health services will be determined based on the provider’s scope of services and the reimbursement rates outlined in the provider’s contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
4. This policy is a provider resource for understanding Healthfirst’s reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, “Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process” in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
D0120	Periodic oral evaluation - established patient	
D0140	Limited oral evaluation-problem focused	
D0150	Comprehensive oral evaluation - new or established patient	
D0160	Detailed and extensive oral eval-problem focused, by report	

D0170	Re-evaluation, limited problem focused	
D0171	Re-evaluation post-operative office visit	
D0180	Comprehensive periodontal evaluation - new or established patient	
D0190	Screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	
D0191	Assessment of a patient	
D0210	Intraoral - comprehensive series of radiographic images	
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	
D0240	Intraoral - occlusal radiographic image	
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	
D0251	Extra-oral posterior dental radiographic image	
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 films	
D0310	Sialography	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	
D0364	Cone beam CT capture and interpretation with limited	

	field of view, less than one whole jaw	
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, with or without cranium	
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	
D0381	Cone beam CT image capture with field of view of 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	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	
D0415	Bacteriological studies	
D0416	Viral culture	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	

D0472	Accession of tissue, gross examination	
D0473	Accession of tissue, gross and microscopic exam	
D0474	Accession of tissue, gross and microscopic exam (surgical)	
D0475	Decalcification procedure	
D0476	Special stains for microorganisms	
D0477	Special stains, not for microorganisms	
D0478	Immunohistochemical stains	
D0479	Tissue in-situ hybridization, including interpretation	
D0480	Processing and interpretation of cytologic smears	
D0481	Electron microscopy	
D0482	Direct immunofluorescence	
D0483	Indirect immunofluorescence	
D0484	Consultation on slides prepared elsewhere	
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	
D0486	Accession of exfoliative cytological smears, microscopic examination, preparation and transmission of written report	
D0604	Antigen testing for a public health related pathogen, including coronavirus	
D0605	Antibody testing for a public health related pathogen, including coronavirus	
D0701	Panoramic radiographic image – image capture only	
D0702	2-d cephalometric radiographic image – image capture only	
D0703	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	

D0705	Extra-oral posterior dental radiographic image – image capture only	
D0706	Intraoral – occlusal radiographic image – image capture only	
D0707	Intraoral – periapical radiographic image – image capture only	
D0708	Intraoral – bitewing radiographic image – image capture only	
D0709	Intraoral – comprehensive series of radiographic images – image capture only	
D0801	Diagnostic Services - Diagnostic Imaging Interpretation	
D0802	Diagnostic Services - Diagnostic Imaging Interpretation	
D0803	Diagnostic Services - Diagnostic Imaging Interpretation	
D1110	Prophylaxis - adult	
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	
D7111	Extraction, coronal remnants - primary tooth	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	

D7220	Removal of impacted tooth-soft tissue	
D7230	Removal of impacted tooth-partially bony	
D7240	Removal of impacted tooth-completely bony	
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	
D7250	Surgical removal of residual tooth roots (cutting procedure)	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	
D7261	Primary closure of a sinus perforation	
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	
D7272	Tooth transplantation (includes reimplantation from one site to another)	
D7280	Surgical access of an unerupted tooth	
D7282	Mobilization of erupted or malposition tooth to aid eruption	
D7284	Excisional biopsy of minor salivary glands	
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	
D7286	Incisional biopsy of oral tissue-soft	
D7287	Cytology sample collection	
D7288	Brush biopsy - transepithelial sample collection	
D7290	Surgical repositioning of teeth	
D7291	Transseptal fiberotomy, by report	
D7292	Surgical placement of temporary anchorage device [screw retained plate] requiring flap	
D7293	Surgical placement of temporary anchorage device requiring flap	

D7294	Surgical placement of temporary anchorage device without flap	
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	
D7299	Removal of temporary anchorage device, requiring flap	
D7300	Removal of temporary anchorage device without flap	
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	
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	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
D7350	Vestibuloplasty - ridge extension	
D7410	Radical excision - lesion diameter up to 1.25cm	
D7411	Excision of benign lesion greater than 1.25 cm	
D7412	Excision of benign lesion, complicated	
D7413	Excision of malignant lesion up to 1.25 cm	
D7414	Excision of malignant lesion greater than 1.25 cm	
D7415	Excision of malignant lesion, complicated	
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	

D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	
D7465	Destruction of lesion(s) by physical or chemical method, by report	
D7471	Removal of exostosis - per site	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7485	Surgical reduction of osseous tuberosity	
D7510	Incision and drainage of abscess - intraoral soft tissue	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	
D7520	Incision and drainage of abscess - extraoral soft tissue	
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	
D7953	Bone replacement graft for ridge preservation - per site	
D7961	Buccal / labial frenectomy (frenulectomy)	
D7963	Frenuloplasty	
D7970	Excision of hyperplastic tissue - per arch	

D7971	Excision of pericoronal gingiva	
D7972	Surgical reduction of fibrous tuberosity	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

CMS Dental Coverage Guidance
Article - Billing and Coding: Dental Services (A59449)
NCD - Heart Transplants (260.9)
NCD - Intestinal and Multi-Visceral Transplantation (260.5)
NCD - Adult Liver Transplantation (260.1)

[NCD - Transcatheter Edge-to-Edge Repair \(TEER\) for Mitral Valve Regurgitation \(20.33\)](#)

[NCD - Chimeric Antigen Receptor \(CAR\) T-cell Therapy \(110.24\)](#)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.