

Dental-Oral Surgery Guidelines

1. Make sure that referral has been received by Dental provider and ensure that Prior authorization has been given for oral surgeon referral. Initial referral by dentist will have a CPT code request of D0140 and a diagnosis code of V72.2
2. Submit prior authorization request as above. Please make sure that HCHCP client is eligible for services being requested. An administrative denial will be given for any client that does not have current eligibility dates. A CPT code must be submitted and must be on the list of covered dental services. Tooth/teeth that require the procedure must be identified and must be the same tooth/teeth as requested by Dentist. Submit request for all Dental services that are needed (refer to HCHCP Covered Dental Procedures list). If request is for more than 3 teeth, explanation of reason required to be included in clinical information.
3. If X-ray or Panoramic is being requested, the reason for the same must be submitted and one of the following conditions must be present:

Panoramic X-rays:

- A. The referral from the dentist shows multiple teeth, (at least 4) in need of extraction and/or they are located in more than one quadrant of the mouth
- B. Any referral from the dentist indicating wisdom teeth in need of extraction (teeth #'s 1, 16, 17, or 32).
- C. Abscessed tooth

Single PA x-ray:

- A. Client fails to bring their PA x-ray, taken by the referring dentist, to the oral surgeon. Oral surgeon must document on client's dental claim that no PA x-ray was provided by the client.
- B. PA x-ray provided by client is inadequate. Oral surgeon must document on the client's dental claim that PA x-ray provided was inadequate i.e. did not show roots.
- C. Clients that are referred directly from their PCP or specialist for medical complications associated with dental emergencies (abscesses, radiation therapy, etc).

Guidance on using CPT code D0140 or D0160

D0140	D0160
A focused exam for one specific dental problem or chief complaint.	A complex, in-depth oral evaluation that goes beyond a standard comprehensive exam. Used when diagnosing complicated conditions or planning major treatment.
<p>The patient presents with one localized issue, such as:</p> <ul style="list-style-type: none"> • Toothache • Fractured tooth • Localized swelling or infection • Broken restoration • Post-op concern limited to one site (if not included in global treatment) 	<p>The patient presents with a complex or unusual dental condition requiring extensive investigation, such as:</p> <ul style="list-style-type: none"> • Orofacial pain of uncertain origin • Multifactorial or systemic-related oral symptoms • Complex restorative needs (e.g., full-mouth rehab considerations) • Developmental anomalies

D0140	D0160
	<ul style="list-style-type: none"> Atypical pathology requiring detailed diagnostic work
The dentist evaluates only that one area and performs only diagnostics relevant to that problem.	The dentist performs extensive history, diagnostics, and analysis beyond standard exams.
<p>Key Features:</p> <ul style="list-style-type: none"> Narrow scope, limited to the chief complaint Often used for emergency/urgent visits May include X-rays or tests only as needed for the specific issue Not intended for comprehensive diagnosis or complex case planning 	<p>Key Features:</p> <ul style="list-style-type: none"> Broad and deep diagnostic scope Requires comprehensive documentation and diagnostic reasoning Not limited to a single problem May include multiple diagnostic tests, imaging, consultations, and interpretation Often used in specialty care (oral medicine, oral surgery, prosthodontics, etc.)