

# OHS DHMO Plans

## Specialty Claims Review and Payment Guidelines

***Important: Pre-authorization for specialty care services is no longer required.***

### **Endodontics**

**Procedures subject to review:** D3310, D3320 (lower single-rooted teeth only)

**Notes:** Reimbursement to the participating specialist for this procedure is on an exception basis only. To receive payment for this procedure, there should be evidence of one or more of the following:

- teeth with existing crown and/or bridgework
- root perforations
- clinical or radiographic evidence of calcified canals

**Claims submission requirements:** Pre- and post-operative radiographs of diagnostic quality and narrative when appropriate.

### **Oral Surgery**

**Procedures subject to review:** D7210, D7220, D7230, D7240, D7241, D7250

**Notes:** Prophylactic removal of third molars is not a covered benefit. The criteria for surgical intervention are:

- recurrent pericoronitis
- non-restorable caries
- periodontal disease to which the third molar is contributing
- cysts
- persistent pain
- internal or external resorption of adjacent tooth

**Claims submission requirements:** Pre-operative radiographs of diagnostic quality and narrative when appropriate.

### **Periodontics**

**Procedures subject to review:** D4210, D4211, D4260, D4261, D4341, D4342, D4910

**Notes:** D4210, D4211, D4260, D4261 - Charting demonstrating pocket depths of 5mm or greater and radiographic evidence of osseous defects required.

D4341, D4342 - Periodontal charting demonstrating pocket depths of 4mm or greater required.

D4910 - Payable following surgical periodontal therapy or scaling and root planing.

**Claims submission requirements:** Full-series, pre-operative radiographs of diagnostic quality, periodontal charting and narrative when appropriate.