

Dental Care Services in an Operating Room or Ambulatory Surgery Center

Guideline Number: DCG043.11

Effective Date: May 1, 2023

[➔ Instructions for Use](#)

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Related Dental Policy

- [General Anesthesia and Conscious Sedation Services](#)

Dental Coverage Form

- [Dental Care Services in an Operating Room or Ambulatory Surgery Center: Criteria Scoring](#)

Coverage Rationale

[➔ See Benefit Considerations](#)

Note: This coverage guideline is intended to provide guidance for the appropriate selection of individuals that cannot be treated safely within a dental office. Refer to the member specific benefit plan document, or applicable state mandates for information on coverage.

The provision of dental care under general anesthesia in a hospital operating room (OR) or ambulatory surgery center (ASC) is Necessary for select individuals.

Indications include consideration of the following:

- Compromising medical condition
- Age
- Behavior/cognitive impairment
- Complexity of care

Prior Authorization Documentation (for Plans that Require Authorization)

- Physician documentation (if indicated)
- Dental provider clinical documentation (including imaging if available)
- For plans that require scoring:
 - A completed [Dental Care Services in an Operating Room or Ambulatory Surgery Center: Criteria Scoring](#) form showing a total score of 24 or greater

Definitions

Necessary: Dental services and supplies which are determined by us through case-by-case assessments of care based on accepted dental practices to be appropriate; and:

- Needed to meet your basic dental needs; and

- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental service; and
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of you or your dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
 - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
 - Safe with promising efficacy:
 - For treating a life-threatening dental disease or condition; and
 - In a clinically controlled research setting; and
 - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

For the purpose of this definition, the term “life threatening” is used to describe dental diseases or sicknesses or conditions, which are more likely than not to cause death within one year of the date of the request for treatment.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
Diagnostic and Preventive	
D0120	Periodic oral evaluation - established patient
D0150	Comprehensive oral evaluation - new or established patient
D0180	Comprehensive periodontal evaluation - new or established patient
D0210	Intraoral - complete series of radiographic images
D0220	Periapical first radiographic image
D0230	Intraoral - periapical each additional radiographic image
D0240	Intraoral - occlusal radiographic image
D0270	Bitewing - single radiographic image
D0272	Bitewings - two radiographic images
D0273	Bitewings- three radiographic images
D0274	Bitewings- four radiographic images
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D1110	Prophylaxis - adult
D1120	Prophylaxis - child
D1206	Topical application of fluoride varnish
D1351	Sealant - per tooth
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth
D1353	Sealant repair - per tooth
D1354	Application of caries arresting medicament-per tooth
D1510	Space maintainer - fixed, unilateral – per quadrant
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular

CDT Code	Description
Diagnostic and Preventive	
D1520	Space maintainer - removable, unilateral – per quadrant
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D1552	Re-cement or re-bond bilateral space maintainer – mandibular
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant
D1556	Removal of fixed unilateral space maintainer – per quadrant
D1557	Removal of fixed bilateral space maintainer – maxillary
D1558	Removal of fixed bilateral space maintainer – mandibular
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant
Restorative	
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
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 or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
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
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth
Endodontics	
D3110	Pulp cap - direct (excluding final restoration)
D3120	Pulp cap - indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration)
D3221	Pulpal debridement, primary and permanent teeth
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3331	Treatment of root canal obstruction; non-surgical access
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

CDT Code	Description
Endodontics	
D3333	Internal root repair of perforation defects
D3346	Retreatment of previous root canal therapy - anterior
D3347	Retreatment of previous root canal therapy - premolar
D3348	Retreatment of previous root canal therapy - molar
D3410	Apicoectomy - anterior
D3421	Apicoectomy - premolar (first root)
D3425	Apicoectomy - molar (first root)
D3426	Apicoectomy (each additional root)
D3427	Periradicular surgery without apicoectomy
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site
D3430	Retrograde filling - per root
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D3450	Root amputation - per root
D3470	Intentional reimplantation (including necessary splinting)
D3910	Surgical procedure for isolation of tooth with rubber dam
D3920	Hemisection (including any root removal), not including root canal therapy
D3950	Canal preparation and fitting of preformed dowel or post
Periodontics	
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
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant
D4231	Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant
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
D4245	Apically positioned flap
D4249	Clinical crown lengthening - hard tissue
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
D4263	Bone replacement graft - retained natural tooth - first site in quadrant
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site
D4266	Guided tissue regeneration - resorbable barrier, per site
D4267	Guided tissue regeneration - nonresorbable barrier, per site
D4268	Surgical revision procedure, per tooth

CDT Code	Description
Periodontics	
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	Combined connective tissue and double pedicle graft, per tooth
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft
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
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
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
D4341	Periodontal scaling and root planing - four or more teeth per quadrant
D4342	Periodontal scaling and root planing - 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 oral evaluation and diagnosis on a subsequent visit
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
D4910	Periodontal maintenance
D4921	Gingival irrigation - per quadrant
Oral and Maxillofacial Surgery	
D7111	Extraction, coronal remnants - primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Extraction, 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 – complete bony
D7241	Removal of impacted tooth – complete bony, with unusual surgical complications
D7250	Removal of residual tooth roots (cutting procedure)
D7251	Coronectomy – intentional partial tooth removal
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7280	Exposure of an unerupted tooth
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)
D7286	Incisional biopsy of oral tissue-soft
D7287	Exfoliative cytological sample collection
D7288	Brush biopsy - transepithelial sample collection

CDT Code	Description
Oral and Maxillofacial Surgery	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7295	Harvest of bone for use in autogenous grafting procedure
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 (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410	Excision of benign lesion up to 1.25 cm
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 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	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
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
Adjunctive General Services	
D9120	Fixed partial denture sectioning
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites
D9910	Application of desensitizing medicament
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth

CDT Code	Description
Adjunctive General Services	
D9970	Enamel microabrasion
D9971	odontoplasty - per tooth

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Description of Services

These guidelines encourage dental care at the appropriate site of service, based on individual member selection. This allows dentists to provide comprehensive dental care for members that cannot be safely treated in the dental office.

Benefit Considerations

These prior authorization requirements apply to UnitedHealthcare plans that require services to be Necessary, including being cost-effective. Refer to the member specific benefit plan document to determine if necessity applies.

References

American Dental Association (ADA) CDT Codebook 2023.

American Academy of Pediatric Dentistry Clinical Affairs Committee – Behavior Management Subcommittee. Guideline on Behavior Guidance for the Pediatric Dental Patient. 2015.

American Academy of Pediatric Dentistry Council on Clinical Affairs. Policy on Hospitalization and Operating Room Access for Oral Care of Infants, Children, Adolescents, and Individuals with Special Health Care Needs. 2015.

American Academy of Pediatric Dentistry Council on Clinical Affairs. Policy on Third-party Reimbursement of Medical Fees Related to Sedation/General Anesthesia for Delivery of Oral Health Services. 2016.

American Society of Anesthesiologists. Statement on Sedation & Anesthesia Administration in Dental Office-Based Settings. 2017.

Munhoz, Etiene. Dental Management of Special Needs Patients: A Literature Review. Global Journal of Oral Science. 2. 10.21616/2414-2050.2016.02.6.

Stigers JI. Nonpharmacologic Management of Children’s Behaviors. McDonald and Avery’s Dentistry for the Child and Adolescent. 10th ed. Maryland Heights, Mo: Mosby-Elsevier; 2016. Chapter 16; p286-302.

Guideline History/Revision Information

Date	Summary of Changes
05/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Added notation to clarify this Coverage Guideline is intended to provide guidance for the appropriate selection of individuals that cannot be treated safely within a dental office; refer to the member specific benefit plan document or applicable state mandates for information on coverage <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version DCG043.10

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or

state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.