



---

Holocaust Survivors  
Oral Health  
Program

A stylized logo for the Holocaust Survivors Oral Health Program, featuring a grey leaf-like shape with a blue figure of a person standing inside it.

---

Program Guardians  
The Claire Friedlander Family Foundation  
Robert I. Schattner Foundation, Inc.

# Dental Clinical Guidelines

## **Program Goals**

- Alpha Omega Dental Volunteers are dedicated to help improve the overall health of the holocaust survivor by providing medically necessary dental services.
- Alpha Omega International Dental Fraternity is committed to:
  1. Reducing barriers to accessing dental care for holocaust survivors.
  2. Ensuring that our volunteer dentists and their staff are attuned to meeting the diverse needs of all the program recipient patients, especially those who face cultural challenges.
  3. Establishing of a true dental home for the selected program recipients.

## **Medical Necessity as Defined by the Program Guidelines**

Medical Necessity as applied to the Holocaust Survivors Dental Program shall mean oral health care services that the volunteer dentist, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- in accordance with the generally accepted standards of dental practice;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
- not primarily for the convenience of the patient and
- not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness or disease.

## **Claims/Encounters**

For the most efficient processing of your claim/ encounter, we recommend you submit the Program Claim Form and use the appropriate coding. It is our goal to process the claim/encounter at UCR percentage rates. This will allow you to track your donated dental services.

Patient confidentiality is key, so when submitting the claim/encounter do not include any confidential information such as patient name, address or social security number. We will assign an internal tracking number and an information summary of your services will be mailed or sent electronically to you.

Send all claims/encounters to:

Ms. Bernice Edelstein  
c/o Alpha Omega Fraternity  
50 W. Edmonston Drive, Suite 206  
Rockville, MD 20852

Telephone: 301-738-6400 or 877-368-6326  
Fax: 301-738-6403  
Email: bedelstein@ao.org

## Procedure Codes American Dental Association (CDT) Procedure Codes Canadian Dental Association

### I. Diagnostic

#### Clinical Oral Evaluations

<b>D0120</b> periodic oral evaluation – established patient	<b>01202</b>
<b>D0140</b> limited oral evaluation – problem focused/emergency	<b>01205</b>
<b>D0150</b> comprehensive oral evaluation – new or established patient	<b>01103</b>
<b>D0191</b> assessment of a patient                               specific oral exam	<b>01204</b>

#### Radiographs

<b>D0210</b> intraoral – complete series (including bitewings)	<b>02102</b>
<b>D0220</b> intraoral – periapical first film	<b>02111</b>
<b>D0230</b> intraoral – periapical each additional film	<b>02112...3...4</b>
<b>D0240</b> intraoral – occlusal film	<b>02131</b>
<b>D0270</b> bitewing – single film	<b>02141</b>
<b>D0272</b> bitewings – two films	<b>02142</b>
<b>D0273</b> bitewings – three films	<b>02143</b>
<b>D0274</b> bitewings – four films	<b>02144</b>
<b>D0330</b> panoramic film	<b>02601</b>

### II. Preventive

<b>D1110</b> prophylaxis	<b>11101</b>
<b>D1206</b> topical fluoride varnish; therapeutic application for moderate to high caries risk patients	<b>12101</b>

### **III. Restorative**

#### **Amalgam Restorations**

<b>D2140</b> amalgam – one surface	<b>molar 21221</b>
<b>D2150</b> amalgam – two surfaces	<b>molar 21222</b>
<b>D2160</b> amalgam – three surfaces	<b>molar 21223</b>
<b>D2161</b> amalgam – four or more surfaces	<b>molar 21224</b>

#### **Composite Restorations**

<b>D2330</b> resin-based composite – one surface, anterior	<b>23111</b>
<b>D2331</b> resin-based composite – two surfaces, anterior	<b>23112</b>
<b>D2332</b> resin-based composite – three surfaces, anterior	<b>23113</b>
<b>D2335</b> resin-based composite – four or more surfaces, anterior	<b>23114/23115</b>
<b>D2391</b> resin-based composite – one surface, posterior	<b>premolar 23311</b> <b>molar 23321</b>
<b>D2392</b> resin-based composite – two surfaces, posterior	<b>premolar 23312</b> <b>molar 23322</b>
<b>D2393</b> resin-based composite – three surfaces, posterior	<b>premolar 23313</b> <b>molar 23323</b>
<b>D2394</b> resin-based composite – four or more surfaces, posterior	<b>premolar 23314/23315</b> <b>molar 23324/23325</b>

#### **Crowns**

<b>D2750</b> crown – porcelain fused to high noble metal	<b>27211</b>
<b>D2751</b> crown – porcelain fused to predominantly base metal	<b>27211</b>
<b>D2752</b> crown – porcelain fused to noble metal	<b>27211</b>
<b>D2790</b> crown – full cast high noble metal	<b>27301</b>
<b>D2791</b> crown – full cast predominantly base metal	<b>27301</b>
<b>D2792</b> crown – full cast noble metal	<b>27301</b>
<b>  crown – full ceramic crown</b>	<b>27201</b>

#### **Other Restorative Services**

<b>D2920</b> recement crown	<b>29101</b>
<b>D2950</b> core buildup, including any pins	<b>23602</b>
<b>D2951</b> pin retention – per tooth, in addition to restoration	<b>21401</b>
<b>D2952</b> post and core in addition to crown, indirectly fabricated	<b>25711</b>

<b>D2954</b> prefabricated post and core in addition to crown	<b>25764</b>
<b>D2970</b> temporary crown (fractured tooth)	<b>27121</b>

#### **IV. Endodontics**

<b>D3310</b> endodontic therapy, anterior tooth (excluding final restoration)	<b>33111</b>
<b>D3320</b> endodontic therapy, bicuspid tooth (excluding final restoration)	<b>33121</b>
<b>D3330</b> endodontic therapy, molar (excluding final restoration)	<b>33131/33141</b>
<b>Endodontic Retreatment</b>	
<b>D3346</b> retreatment of previous root canal therapy – anterior	<b>33115</b>
<b>D3347</b> retreatment of previous root canal therapy – bicuspid	<b>33125</b>
<b>D3348</b> retreatment of previous root canal therapy – molar	<b>33135/33145</b>

#### **V. Periodontics**

<b>D4210</b> gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	<b>per sextant 42311</b>
<b>D4211</b> gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	<b>per sextant 42311</b>
<b>D4260</b> osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	<b>per sextant 42431</b>
<b>D4341</b> periodontal scaling and root planing – four or more teeth per quadrant	<b>Per unit of time (15 min) 11111/11112 etc.</b>
<b>D4355</b> full mouth debridement to enable comprehensive evaluation and diagnosis	
<b>D4910</b> periodontal maintenance	
<b>periodontal re-evaluation/evaluation</b>	<b>per unit of time 49101/2 etc.</b>

#### **VI. Prosthodontics (removable)**

##### **Complete Dentures**

<b>D5110</b> complete denture – maxillary	<b>51101</b>
<b>D5120</b> complete denture – mandibular	<b>51102</b>
<b>D5130</b> immediate denture – maxillary	<b>51301</b>
<b>D5140</b> immediate denture – mandibular	<b>51302</b>

##### **Partial Dentures**

<b>D5211</b> maxillary partial denture – resin base	<b>52301</b>
<b>D5212</b> mandibular partial denture – resin base	<b>52302</b>
<b>D5213</b> maxillary partial denture – cast metal framework with resin denture bases	<b>53201</b>

**D5214** mandibular partial denture – cast metal framework with resin denture bases  
**53202**

**D5281** removable unilateral partial denture – one piece cast metal **53205**

### **Adjustments to Dentures**

**D5410** adjust complete denture – maxillary **54201**

**D5411** adjust complete denture – mandibular **54202**

**D5421** adjust partial denture – maxillary **54201**

**D5422** adjust partial denture – mandibular **54202**

### **Repairs to Dentures**

**D5510** repair broken complete denture base **55201/2**

**D5520** replace missing or broken teeth – complete denture (each tooth)**55201/2**

**D5610** repair resin denture base

**D5620** repair cast framework

**D5630** repair or replace broken clasp

**D5640** replace broken teeth – per tooth

**D5650** add tooth to existing partial denture **55401**

**D5660** add clasp to existing partial denture **55402**

**D5670** replace all teeth and acrylic on cast metal framework (maxillary)

**D5671** replace all teeth and acrylic on cast metal framework (mandibular)

### **Denture Rebase Procedures**

**D5710** rebase complete maxillary denture **56311**

**D5711** rebase complete mandibular denture **56312**

**D5720** rebase maxillary partial denture **56321**

**D5721** rebase mandibular partial denture **56322**

### **Denture Reline Procedures**

**D5730** reline complete maxillary denture (chairside) **56211**

**D5731** reline complete mandibular denture (chairside) **56212**

**D5740** reline maxillary partial denture (chairside) **56221**

**D5741** reline mandibular partial denture (chairside) **56222**

**D5750** reline complete maxillary denture (laboratory) **56231**

**D5751** reline complete mandibular denture (laboratory) **56232**

**D5760** reline maxillary partial denture (laboratory) **56241**

**D5761** reline mandibular partial denture (laboratory) **56242**

## **IX. Prosthodontics, fixed**

### **Pontics**

<b>D6210</b> pontic – cast high noble metal	<b>62101</b>
<b>D6211</b> pontic – cast predominantly base metal	<b>62101</b>
<b>D6212</b> pontic – cast noble metal	<b>62101</b>
<b>D6240</b> pontic – porcelain fused to high noble metal	<b>62501</b>
<b>D6241</b> pontic – porcelain fused to predominantly base metal	<b>62501</b>
<b>D6242</b> pontic – porcelain fused to noble metal	<b>62501</b>

### **Abutments**

<b>D6750</b> crown – porcelain fused to high noble metal	<b>67211</b>
<b>D6751</b> crown – porcelain fused to predominantly base metal	<b>67211</b>
<b>D6752</b> crown – porcelain fused to noble metal	<b>67211</b>
<b>D6790</b> crown – full cast high noble metal	<b>67301</b>
<b>D6791</b> crown – full cast predominantly base metal	<b>67301</b>
<b>D6792</b> crown – full cast noble metal	<b>67301</b>

## **X. Oral and Maxillofacial Surgery**

### **Extractions**

<b>D7140</b> extraction, erupted tooth or exposed root	<b>71101</b>
<b>D7210</b> surgical removal of erupted	<b>71201</b>
<b>D7220</b> removal of impacted tooth – soft tissue	<b>72111</b>
<b>D7230</b> removal of impacted tooth – partially bony	<b>72211</b>
<b>D7240</b> removal of impacted tooth – completely bony	<b>72221</b>
<b>D7241</b> removal of impacted tooth – completely bony, unusual surgical	<b>72231</b>
<b>D7250</b> surgical removal of residual tooth roots	<b>72321</b>

### **Alveoloplasty**

<b>D7310</b> alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	<b>per sextant 73111</b>
<b>D7311</b> alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	<b>per sextant 73111</b>
<b>D7320</b> alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	<b>per sextant 73121</b>
<b>D7321</b> alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	<b>per sextant 73121</b>

## **XII. Adjunctive General Services**

<b>D9110</b> palliative (emergency) treatment of dental pain	
<b>D9310</b> consultation	<b>01204</b>
<b>D9630</b> other drugs and/or medicaments, by report	
<b>D9940</b> occlusal guard, by report	<b>upper 14611; lower 14612</b>
<b>OTHER</b>	
<b>Caries/trauma/ pain control –sedative/protective dressings</b>	<b>20111</b>
<b>Trauma control, smoothing of fractured surfaces per tooth</b>	<b>20131</b>

JANUARY 2015