

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Problem Focused and Limited Oral Evaluations
PAGE: 1 of 15	REFERENCE NUMBER: ENVD.CP.0002
EFFECTIVE DATE: 01/01/2019	REPLACES DOCUMENT: N/A
RETIRED: N/A	REVIEWED: 11/2021
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IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:

Medical necessity guidelines for performance and documentation of limited and problem focused oral evaluations on new and established patients.

DESCRIPTION:

Oral evaluations involve the collection and recording of data thereby enabling the dentist to provide a diagnosis and treatment plan. There is no distinction made between oral evaluations provided by general practitioners and specialists.

POLICY:

Envolve Dental has established minimum standards for practitioner documentation and maintenance of medical records including record content, record organization and maintaining confidentiality for all patient health information (PHI). These standards, at a minimum, include the following:

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- Duly licensed providers must keep accurate and complete records that are legible, complete, dated, timed, signed and authenticated in written or electronic form by the person responsible for providing the service, including but not limited to examination notes, imaging and diagnostic tests, prescriptions, referrals, and operative notes.
- Records must be prepared in accordance with the Centers for Medicare and Medicaid Services (CMS), American Medical Association (AMA) Current Procedural Terminology (CPT®), applicable State Medicaid guidelines and Envolve Dental policies.

Duly licensed providers should fully and legibly document all services performed at each patient encounter. Each page of the record, whether a paper or electronic document, must identify the patient and date of service. Each service, whether an examination or diagnostic test, should include the medical necessity for the service and level of service, the findings or results, and any applicable interpretation and report as required by applicable documentation guidelines and Envolve Dental policies.

Generic findings statements that do not provide details including level of severity and potential treatment plans based on the individual examination/test results are not sufficient. Each service performed, including each component of an examination, must be individually/separately documented and cannot be copied from a previous date of service. The record must clearly support the diagnosis(es), show the medical necessity of each service and medical necessity of the level of service provided.

All examinations require the signature of the rendering provider with the following requirements:

- The signature must be a legible handwritten signature or initials; a reviewer must be able to determine whose signature is used
- Electronic signatures should contain date and timestamps and include printed statements, e.g., “electronically signed by” or “verified/reviewed by” the rendering provider’s name and preferably a professional designation. The authorship related to the signature must be clearly defined in the record.
- Digitized signature – an electronic image of the rendering provider’s handwritten signature reproduced in its identical form using a pen tablet.
- **Stamp signatures are not acceptable.**

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PROCEDURE:

Treatment records must contain the type of oral evaluation provided and patient specific recordings of findings, information reviewed, diagnoses, treatment plans and statuses. The duly licensed provider evaluates the examination findings with all aspects of the patient's health status and social situation in determining an appropriate course of action.

Problem focused and limited evaluations are performed as needed to diagnose, treat and monitor oral health diseases or dysfunctions. A comprehensive evaluation is recommended for patients who have not been examined in over three years by a duly licensed provider or for patients being seen for the first time. Periodic evaluations are performed to monitor the effectiveness of treatment and/or the progression of disease or dysfunction.

AUTHORIZATION PROTOCOLS:

Oral evaluations within the benefit and frequency limits do not require pre-authorization. Additional evaluation exceeding benefit limitations may require prior authorization for selected health plans and/or products. Please refer to your State contract and Provider Manual for exact coverage information. All services are subject to retrospective review.

Professional services provided by duly licensed providers must be within the scope of licensure as defined by applicable State guidelines.

REFERENCES:

CDT 2018 Dental Procedure Codes published by the American Dental Association.

American Academy of Pediatric Dentistry. "Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents". Adopted 1991; Updated 2013.

http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

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Problem focused and limited oral evaluations are problem focused and limited to a specific health problem, complaint, or finding of a comprehensive or periodic oral evaluation. There is no distinction made between oral evaluations provided by general practitioners and specialists. The following problem focused and limited oral evaluations are recognized by Envolve Dental:

- **D0140:** *Limited oral evaluations* are problem focused and limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Where allowed by state benefit, only diagnostic codes D0210 – D0999 may be reimbursed on the same date as D0140. Typically, patients receiving this type of evaluation present with specific problem and/or dental emergencies, trauma, acute infections, etc. Except in cases of a same-day referral, the use of D0140 is limited to once per day.
- **D0160:** *Detailed and extensive problem focused oral evaluations* entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.
- **D0170:** *Limited, problem focused re-evaluation* of an established patient (not a post-operative visit) involves assessing the status of a previously existing condition. For example:
 - a traumatic injury where no treatment was rendered but patient needs follow up monitoring;
 - evaluation for undiagnosed continuing pain;
 - soft tissue lesion requiring follow up evaluation.
- **D0171:** *Re-evaluation post-operative visit*, requires that a previous operative visit took place.

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D0160, the need for a detailed and extensive

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evaluation must be documented in the record. Abnormal comparative utilization of detailed and extensive examination coding is subject to retrospective review. Envolve Dental requires the submission of the following ICD-10 codes with comprehensive and periodic oral evaluations (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

ICD-10	Description
A69.0	Necrotizing ulcerative stomatitis
A69.1	Other Vincent's infections
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx unspecified
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemically induced diabetes mellitus with other oral complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation

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K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.3	Arrested dental caries
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental carries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.4	Hypercementosis
K03.5	Ankylosis of teeth
K03.6	Deposits [accretions] on teeth
K03.7	Posteruptive color changes of dental hard tissues
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.3	Abnormal hard tissue formation in pulp
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis

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K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.90	Unspecified diseases of pulp and periapical tissues
K04.99	Other diseases of pulp and periapical tissues
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.20	Aggressive periodontitis, unspecified
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.221	Aggressive periodontitis, generalized, slight
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.229	Aggressive periodontitis, generalized, unspecified severity
K05.30	Chronic periodontitis, unspecified
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K05.4	Periodontosis
K05.5	Other periodontal diseases
K05.6	Periodontal disease, unspecified
K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified

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K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
K06.1	Gingival enlargement
K06.2	Gingival and edentulous alveolar ridge lesions associated with trauma
K06.3	Horizontal alveolar bone loss
K06.8	Other specified disorders of gingiva and edentulous alveolar ridge
K06.9	Disorder of gingiva and edentulous alveolar ridge, unspecified
K08.0	Exfoliation of teeth due to systemic causes
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.109	Complete loss of teeth, unspecified cause, unspecified class
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.121	Complete loss of teeth due to periodontal diseases, class I
K08.122	Complete loss of teeth due to periodontal diseases, class II
K08.123	Complete loss of teeth due to periodontal diseases, class III
K08.124	Complete loss of teeth due to periodontal diseases, class IV
K08.129	Complete loss of teeth due to periodontal diseases, unspecified class
K08.131	Complete loss of teeth due to caries, class I
K08.132	Complete loss of teeth due to caries, class II
K08.133	Complete loss of teeth due to caries, class III
K08.134	Complete loss of teeth due to caries, class IV
K08.139	Complete loss of teeth due to caries, unspecified class
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II
K08.193	Complete loss of teeth due to other specified cause, class III
K08.194	Complete loss of teeth due to other specified cause, class IV

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K08.199	Complete loss of teeth due to other specified cause, unspecified class
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of maxilla
K08.25	Moderate atrophy of maxilla
K08.26	Severe atrophy of maxilla
K08.3	Retained dental root
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.421	Partial loss of teeth due to periodontal diseases, class I
K08.422	Partial loss of teeth due to periodontal diseases, class II
K08.423	Partial loss of teeth due to periodontal diseases, class III
K08.424	Partial loss of teeth due to periodontal diseases, class IV
K08.429	Partial loss of teeth due to periodontal diseases, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K084.99	Partial loss of teeth due to other specified cause, unspecified class

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K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.539	Fractured dental restorative material, unspecified
K08.54	Contour of existing restoration of tooth biologically incompatible with oral health
K08.55	Allergy to existing dental restorative material
K08.56	Poor aesthetic of existing restoration of tooth
K08.59	Other unsatisfactory restoration of tooth
K08.81	Primary occlusal trauma
K08.82	Secondary occlusal trauma
K08.89	Other specified disorders of teeth and supporting structures
K08.9	Disorder of teeth and supporting structures, unspecified
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K09.8	Other cysts of oral region, not elsewhere classified
K09.9	Cyst of oral region, unspecified
K11.0	Atrophy of salivary gland
K11.1	Hypertrophy of salivary gland
K11.20	Sialoadenitis, unspecified
K11.21	Acute sialoadenitis
K11.22	Acute recurrent sialoadenitis
K11.23	Chronic sialoadenitis
K11.3	Abscess of salivary gland
K11.4	Fistula of salivary gland
K11.5	Sialolithiasis
K11.6	Mucocele of salivary gland
K11.7	Disturbances of salivary secretion
K11.8	Other diseases of salivary glands
K11.9	Disease of salivary gland, unspecified
K12.0	Recurrent oral aphthae
K12.1	Other forms of stomatitis
K12.2	Cellulitis and abscess of mouth

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K12.30	Oral mucositis (ulcerative), unspecified
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.32	Oral mucositis (ulcerative) due to other drugs
K12.33	Oral mucositis (ulcerative) due to radiation
K12.39	Other oral mucositis (ulcerative)
K13.0	Diseases of lips
K13.1	Cheek and lip biting
K13.21	Leukoplakia of oral mucosa, including tongue
K13.22	Minimal keratinized residual ridge mucosa
K13.23	Excessive keratinized residual ridge mucosa
K13.24	Leukokeratosis nicotina palati
K13.29	Other disturbances of oral epithelium, including tongue
K13.3	Hairy leukoplakia
K13.4	Granuloma and granuloma-like lesions of oral mucosa
K13.5	Oral submucous fibrosis
K13.6	Irritative hyperplasia of oral mucosa
K13.70	Unspecified lesions of oral mucosa
K13.79	Other lesions of oral mucosa
K14.0	Glossitis
K14.1	Geographic tongue
K14.2	Median rhomboid glossitis
K14.3	Hypertrophy of tongue papillae
K14.4	Atrophy of tongue papillae
K14.5	Plicated tongue
K14.6	Glossodynia
K14.8	Other diseases of tongue
K14.9	Disease of tongue, unspecified
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.31	Crowding of fully erupted teeth
M26.32	Excessive spacing of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.35	Rotation of fully erupted tooth or teeth
M26.36	Insufficient interocclusal distance of fully erupted teeth (ridge)

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M26.37	Excessive interocclusal distance of fully erupted teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.4	Malocclusion, unspecified
M26.50	Dentofacial functional abnormalities, unspecified
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of unspecified temporomandibular joint
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of unspecified temporomandibular joint
M26.631	Articular disc disorder of right temporomandibular joint
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint
M26.70	Unspecified alveolar anomaly
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.73	Alveolar maxillary hypoplasia
M26.74	Alveolar mandibular hypoplasia
M26.79	Other specified alveolar anomalies

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M26.81	Anterior soft tissue impingement
M26.82	Posterior soft tissue impingement
M26.89	Other dentofacial anomalies
M26.9	Dentofacial anomaly, unspecified
M27.0	Developmental disorders of jaws
M27.1	Giant cell granuloma, central
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
M27.40	Unspecified cyst of jaw
M27.49	Other cysts of jaw
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic underfill
M27.59	Other periradicular pathology associated with previous endodontic treatment
M27.61	Osseointegration failure of dental implant
M27.62	Post-osseointegration biological failure of dental implant
M27.63	Post-osseointegration mechanical failure of dental implant
M27.69	Other endosseous dental implant failure
M27.8	Other specified diseases of jaw
M27.9	Disease of jaws, unspecified
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q38.0	Congenital malformations of lips, not elsewhere classified
Q38.1	Ankyloglossia
Q38.2	Macroglossia
Q38.3	Other congenital malformations of tongue
Q38.4	Congenital malformations of salivary glands and ducts
Q38.5	Congenital malformations of palate, not elsewhere classified

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EFFECTIVE DATE: 01/01/2019	REPLACES DOCUMENT: N/A
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED: 10/01/2019
PRODUCT TYPE: All	APPROVED DATE: 10/31/2019

Q38.6	Other congenital malformations of mouth
Q38.7	Congenital pharyngeal pouch
Q38.8	Other congenital malformations of pharynx
R52	Pain, unspecified
R68.2	Dry mouth, unspecified
S00.502A	Unspecified superficial injury of oral cavity, initial encounter
S00.502D	Unspecified superficial injury of oral cavity, subsequent encounter
S00.502S	Unspecified superficial injury of oral cavity, sequela
S00.512A	Abrasion of oral cavity, initial encounter
S00.512D	Abrasion of oral cavity, subsequent encounter
S00.512S	Abrasion of oral cavity, sequela
S00.522A	Blister (nonthermal) of oral cavity, initial encounter
S00.522D	Blister (nonthermal) of oral cavity, subsequent encounter
S00.522S	Blister (nonthermal) of oral cavity, sequela
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela
S03.00XA	Dislocation of jaw, unspecified side, initial encounter
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter
S03.00XS	Dislocation of jaw, unspecified side, sequela
S03.01XA	Dislocation of jaw, left side, initial encounter
S03.01XD	Dislocation of jaw, left side, subsequent encounter
S03.01XS	Dislocation of jaw, left side, sequela
S03.02XA	Dislocation of jaw, right side, initial encounter
S03.02XD	Dislocation of jaw, right side, subsequent encounter
S03.02XS	Dislocation of jaw, right side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela

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S03.2XXA	Dislocation of tooth, initial encounter
S03.2XXD	Dislocation of tooth, subsequent encounter
S03.2XXS	Dislocation of tooth, sequela
Z13.84	Encounter screening for dental disorders
Z18.32	Retained tooth
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high
Z98.810	Dental sealant status
Z98.811	Dental restoration status
Z98.818	Other dental procedure status

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE
Update definition of D0140	09/2019
Update definition of D0140	10/2019
Annual Review	11/2021