San Diego County
Ryan White
Specialty Services Program
(Formerly known as Ryan White Specialty Pools)

Provider Manual

Administered by:

AHF AIDS HEALTHCARE FOUNDATION

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PROGRAM DESCRIPTION

The San Diego County Ryan White Specialty Services Program (formerly known as the Ryan White Specialty Pools) serves uninsured and under-insured, indigent residents of San Diego County who have an HIV diagnosis and no other source of healthcare coverage. The program provides care to approximately 10,000 eligible clients in San Diego County and covers certain outpatient subspecialty consultations, surgeries and procedures for clients with HIV/AIDS-related health conditions. Neither inpatient acute care nor emergency care is covered by the program.

The Ryan White Specialty Services Program accepts referral and authorization requests from County-funded outpatient/ambulatory health service (OAHS) clinics, specialty providers, and oral health providers throughout San Diego County for eligible clients who require covered subspecialty services necessary to treat conditions related to HIV/AIDS. Ryan White Specialty Services program providers refer clients who receive services through the program to their primary care clinic of origin for ongoing primary care.

The Ryan White Specialty Services Program provides the following services to eligible clients:

- Specialty Medical
- Home Health & Hospice
- Specialty Dental
- Transportation

Effective September 1, 2016, the AIDS Healthcare Foundation (AHF) contracted with San Diego County Health & Human Services Agency, HIV, STD and Hepatitis Branch to provide program administration services consisting of utilization management, medical oversight, provider recruitment, provider contracting & credentialing, and claims processing.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under contract H89HA00001, HIV Emergency Relief Project Grants for a contracted amount with the County of San Diego. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, the U.S. Government or the County of San Diego.

CONTACT INFORMATION

AHF administers the San Diego Ryan White Specialty Services Program. The contact information for the departments that support this program is below. Please note that AHF's business hours are Monday through Friday, 8:30 a.m. to 5:30 p.m.

Department	Phone Number	Fax Number	Email (if applicable)
Utilization Management	(800) 474-1434	(888) 748-1290	UMCAAuthCoordinators@ahf.org
Claims	(888) 662-0626	(888) 235-9274	Claims@positivehealthcare.org
Compliance	(800) AIDS-HIV		MC_Compliance@aidshealth.org
Credentialing	(888) 726-5411	(888) 235-8256	Credentialing@ahf.org
Contracting and Provider Relations	(888) 726-5411	(888) 235-7695	CAPR@ahf.org

ELIGIBLITY

Ryan White primary care clinics or specialty providers who refer clients to the Ryan White Specialty Services Program are responsible for screening clients for eligibility for Ryan White specialty services. To be eligible for Ryan White primary care and specialty services, a client must:

- Have a positive HIV serology
- Resident of San Diego County
- Be between the ages of 18 and 64 years old
- Have a Modified Adjusted Gross Income that does not exceed a household income of less than 500% of Federal Poverty Level (FPL)
- Not be enrolled in other health coverage (e.g., Medi-Cal, Covered California) for treatment of HIV disease.

*Secondary Dental Services application may be completed for individuals with medical insurance but no dental insurance.

Applications for enrollment in Ryan White Primary Care Program and Secondary Dental Services can be found on the San Diego County Health & Human Services (HSHB) website and must submitted to UnitedHealthcare. Please note that AHF does not manage eligibility.

COVERED SERVICES

The Ryan White Specialty Services Program covers the following medically indicated and appropriate services and procedures through contracted specialists throughout San Diego County. See the San Diego County Ryan White Specialty Services Program Provider Directory for contracted specialists. Provider Directory can be found on the San Diego County Health & Human Services (HSHB) website. **The services listed in the following table are covered through the program if an eligible client's condition is related to HIV/AIDS**. Clients who have conditions not related to HIV/AIDS should be referred to appropriate San Diego County services. The chart below is for reference only. All services require Prior Authorization.

San Diego County-approved codes for dental services can be found at the end of this document. Please use the lists for guidance to determine which services are covered under this program.

Service Category	Criteria
Anesthesia	Anesthesia covered with program approved outpatient procedure.
Laboratory Testing	Covered labs related to specialty work-up that was not performed by the Provider. Must use contracted labs.
Outpatient Surgery	Coverage for HIV-related conditions.
Pathology	Requires an authorized outpatient procedure.
Specialist Consult/Services	Coverage for HIV-related conditions. Specialties covered, but not limited to: • Cardiology • Dental (select services) • Dermatology • Endocrinology • Gastroenterology • General Surgery • Gynecology • Hepatology • Ophthalmology • Optometry • Orthopedics • Otolaryngology (ENT) • Pain Management • Podiatry • Proctology/Colorectal • Pulmonary

	• Nephrology • Rheumatology • Neurology • Urology
Service Category	**Criteria**
Diagnostic Imaging	Coverage for HIV-related conditions. Imaging to include but not limited to: • Ultrasound • Echocardiography • CT Scans • MRI • DEXA Bone Scan
Home Health and Hospice Services	See Home Health and Hospice Services section for more information.
Preventative Screenings	• Colorectal Screenings • Osteoporosis (HIV Related Conditions) • Dexa Bone Scan
Transportation	• Medical transportation for eligible individuals who do not otherwise have access to core medical and support services & do not qualify for other transportation assistance programs.

HOME HEALTH AND HOSPICE SERVICES

The Home Health and Hospice Services are intended to provide home health care services, including end-of-life care, through existing non-profit agencies for HIV-related conditions. Generally, the duration and amount of services is determined through an assessment process. The assessment is completed by an intake nurse or other authorized staff at the home health or home hospice agency and coordinated with the referring party (usually the patient's case manager). Requests may not exceed a total of $2,500 per month. The program issues authorizations to cover one month of service at a time. The following services are covered under the Home Health and Hospice services:

Professional Care *(services authorized by number of visits)*

- Skilled Nursing – Care management, assessment, teaching and technical services by a RN
- Medical Social Work – Short-term crisis intervention, long-term planning including placements, counseling, resource information and community referrals.
- Physical Therapy – Home exercises, rehabilitation assessments, teaching, muscle testing, and specialty treatment.
- Occupational Therapy – Assessment & teaching in rehabilitative areas of self-care activity of daily living.

Para-Professional Care

- Home Health Aide – Personal care, light housekeeping and follow-through in simple nursing and rehabilitative programs.
- Live-In Care – Twenty-four hours per day personal care and light housekeeping on a short-term basis (up to two weeks) for crisis intervention or while placement is being arranged.

Hospice Services

Covers room and board, nursing care, counseling, physician service and palliative therapeutics provided to clients in the terminal stages of illness.

Infusion Therapy

Infusion therapy includes medications to be administered intravenously at home that are <u>not</u> covered by another funding source and are for an HIV-related condition. The pharmacy compounding and preparing IV solutions to be administered in the home are also covered, as well as related supplies, equipment, and delivery of prepared solutions.

Durable Medical Equipment

Durable medical equipment (DME) under this program is limited to recovery for HIV related illnesses. These will be reviewed on a case by case basis.

EXCLUDED SERVICES

The San Diego Ryan White Specialty Services Program does not cover the following services and procedures:

- Acupuncture
- Chemotherapy*
- Chiropractic
- Emergency Care
- Experimental Services
- HIV Resistance Testing
- Holistic Health
- Inpatient Hospital Services
- Medical Supplies
- Mental/Behavioral Health Services
- Obstetrics
- General Oncology (some exceptions may apply, e.g., Kaposi Sarcoma)
- Pediatrics
- Prescription Drugs
- Primary and Routine Care
- Prostheses Radiation*
- Substance Abuse or Addiction Treatment
- Sleep Medicine
- Vision Care*

***These three services can be covered in certain instances if direct link to HIV disease can be shown or may be covered under other categories*

PRIOR AUTHORIZATION PROCESS

AHF processes clinical and utilization review of all authorization and referral requests. To refer a program-eligible client to network specialists, primary care providers (PCPs) or specialists must complete a Specialty Services Authorization Request form. There are three different referral forms; medical, dental and home health/hospice service referrals. Please be sure to use the appropriate form for the referral services being requested and fax the form to the following number: (888) 748-1290.

AHF receives bi-monthly files from UnitedHealth Care to confirm eligibility. AHF works to provide the greatest level of continuity and access to care. In the event a Ryan White client is approaching termination of eligibility, or is showing as currently ineligible, AHF will reach out to UnitedHealthcare to confirm if client's current eligibility status.

If redetermination eligibility cannot be confirmed at the time of the request, AHF will authorize up to the eligibility termination date.

The Specialty Services Authorization Request forms include instructions for where and how to submit. The forms are available in the Appendix section of this handbook. Routine authorization request are rendered within two (2) business days; medically urgent request are rendered within (1) business day. Questions regarding the authorization request process should be directed to AHF's Utilization Management Department at (800) 474-1434, Monday through Friday, 8:30 a.m. to 5:30 p.m.

The Ryan White Specialty Services Program does not authorize retro request. If a procedure is performed that is not listed on the authorization, or the CPT codes authorized do not match what was performed, you must submit an authorization request for modification on the same day as the procedure in order for the claim to be paid. CPT codes submitted on the claim must match what has been authorized.

Authorizations are required for reimbursement. As such, please follow these guidelines:

- All services must be pre-authorized to receive payment.
- Submit authorizations utilizing the eQSuite Authorization Provider Portal. If member's eligibility cannot be confirmed in the Portal, authorizations must be faxed.
- If unable to submit through the Portal, fax authorization requests to (888) 748-1290.
- Authorization forms for all services can be found here: https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/RWPC_Contractor_Resources.html
    - Located under the "Forms" Heading, below the *Clinic, Lab, and Pharmacy* section; titled "Specialty Care Authorization Form"
- All authorization requests for medical and dental services must include the appropriate CPT and/or CDT codes.
- Authorizations are valid for 90 days from the date issued or up to eligibility termination date, whichever comes first.
- Include your fax number so the response can be returned to you.
- All authorization requests must be legible and completely filled out. Failure to submit a complete authorization may delay processing.
- Providers must submit supporting clinical documentation to support medical necessity and link the request to the patient's HIV/AIDS condition.

All authorization request received by AHF for eligible clients are either approved, denied, partially approved or deemed incomplete and returned to the requesting clinic.

Determinations are made within two business days. Authorization response details are below:

- **Approved** – The requesting clinic is responsible for contacting the specialty provider to schedule an appointment and to provide them with the approved authorization, including authorization number.
- **Denied** – Except for dental, all services must be HIV-related. In addition, see the approved list of services and respective used to verify you are requesting an authorization for an approved/covered service. If you want more information about a denied request, please contact Utilization Management at (800) 474-1433.
- **Partially approved** – One or more services requested might be approved but not everything on the referral may be covered or HIV-related. In this case, the referral should be updated to include only those services for which the service request is approved.
- **Incomplete** – Along with the returned request will be an explanation of what information is missing and must be provided in order to process the referral. Once the request is re-submitted with the missing information provided, the request will be reviewed again to determine if it can be approved. This additional review will occur within two business days.

CULTURAL & LINGUISTIC COMPETENCY

AHF uses Language Line Solutions as our vendor for interpreter services as needed to communicate with members who have limited English proficiency. Providers are expected to have access to interpreter services to accommodate their non-English speaking clients. If you do not have access to interpreter services to accommodate a non-English speaking client who was referred to you under the Ryan White Specialty Services Program, AHF will provide such access. Please contact AHF's Member Services at (800) 263-0067 to request assistance.

AHF is committed to be respectful of and responsive to the cultural and linguistic needs of our members. The US Department of Health & Human Services, Office of Minority Health, has issued national culturally and linguistically appropriate services (CLAS) standards. AHF is committed to a continuous effort to perform according to those standards.

Contracted Providers are expected to provide services in a culturally competent manner that includes, but is not limited to, removing all language barriers to service, and accommodating the special needs of the ethnic, cultural, and social circumstances of the patient. Providers must also meet the requirements of all applicable state and Federal laws and regulations as they pertain to provision of services and care including, but not limited to, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act, and the Rehabilitation Act of 1973.

COMPLAINTS & APPEALS

Clients receiving program services may file a complaint or an appeal anytime about the quality of care and service they receive from San Diego Ryan White Specialty Services Program network providers by contacting AHF Member Services at (800) 263-006 Monday through Friday, 8:30 a.m. to 5:30 p.m. or visit https://positivehealthcare.net/ and click the prompts in the Member section under file a complaint or make an appeal. You can also submit your complaints or appeals in writing by sending them to:

Member Services
P.O. Box 46160
Los Angeles, CA 90046

AHF Provides a written acknowledgement letter to the patient within five (5) business days of receipt and a final resolution letter within thirty (30) calendar days of receipt.

Expedited Complaints and Appeals

At the request of the patient, AHF will review the complaint or appeal for expedited status when the standard process has the potential to cause harm to the patient's health condition. If upon review, AHF determines the expedited status is valid and approves the abbreviated time frame, a resolution or decision will be made as quickly as possible in accordance with the patient's health condition but no later than seventy-two (72) hours from the time of receipt.

CLAIMS SUBMISSION

- All claims must be for authorized services to be considered for payment.
- The authorized service must be provided during the approved authorization period. If services are delayed and fall outside the authorization period, a new authorization request must be submitted prior to the completion of services.
- CPT codes submitted on the claim must match what has been authorized.

- The Ryan White Program's contract period has strict end dates governed by San Diego County Health & Human Services Agency, HIV, STD and Hepatitis Branch that must coincide with claims submission. AHF will alert providers annually via written notice of this deadline and the final date of which claims can be submitted for the coinciding contract year. For example, the 2022 contract year ends on **February 28th, 2023**. Claims with a date of service between March 1st, 2022 thru February 28, 2023 must be submitted no later than March 31st, 2023.
- Claims received outside of the submission timeframe will be denied and not considered for reimbursement; unless valid proof of timely filing is submitted.
- For corrected claim submission(s) please review our Corrected Claim Guidelines. For claims inquiries please call the claims department at (888) 662-0626 or send a secure email to Claims@positivehealthcare.org and use the provided template. If emailing an inquiry, please be sure to send Patient Protected Health Information (PHI) securely.

Electronic claims:

Electronic submission of claims is required to ensure accurate and timely payments. Claims may be submitted electronically through any clearinghouse. The Payer ID is 95433.

The claim must include the following:

✓ Patient Name	✓ Place of Service	✓ Date of Service
✓ Patient Address	✓ Physician Name	✓ Billed Charges
✓ Patient Date of Birth	✓ NPI Number	✓ CPT Code(s)
✓ Patient Insurance Name	✓ Provider License Number	✓ Applicable ICD Codes
✓ AHF Patient ID Number	✓ Tax ID Number	✓ HCPCS Codes

For claims status, contact the Claims Department at Claims@positivehealthcare.org or (888) 662- 0626.

Alternatively, if you'd like to submit electronic claims utilizing our AHF Provider Portal and would like a training, please email Provider Relations at CAPR@aidshealth.org with your request.

Paper claims:
AHF requires the submission of electronic claims. However, in the event electronic claim submission is not available, providers may submit claims via paper. Authorized specialty services provided to program-eligible clients by network providers must be sent to the following address:

AIDS Healthcare Foundation
Attn: Claims
P.O. Box 472377
Aurora, CO 80047

All paper claims must be received at the address above prior to the County contract year end date with AHF. Claims must be submitted on a properly completed CMS1500, UB92, or UB04 claim form.

Electronic Payment Methods via Change Healthcare

San Diego County Ryan White Specialty Services Program partnered with Change Healthcare and Echo Health, Inc to provide the following new electronic payment methods:

- Virtual Card Services
- EFT Payments
- Medical Payment Exchange (MPX)
- Paper Check

To sign up for EFT, through Settlement Advocate for AHF only, visit;
https://enrollments.echohealthinc.com/EFTERADirect/AIDShealthcarefoundation/
No Fees apply.

If you are not enrolled with us to receive payments via electronic funds transfer (EFT) and you opt-out of virtual card, and have enrolled for MPX with another payer, you will continue to receive your payments in your MPX portal account. Otherwise, you will receive a paper check via print and mail.

To receive paper checks and paper explanation of payments (EOP), you must opt out of the Virtual Card Services by visiting; https://echovcards.com/letter. To access this site, use your Tax ID and verification access.

835 Electronic Remittance Advice (ERA):

Providers who enroll for EFT payments will continue to receive the associated ERAs from ECHO with the Change Healthcare Payer ID. If you have not already, please make sure that your Practice Management System is updated to accept the Change Healthcare Payer ID: 95433 for Ryan White programs. All generated ERAs will be accessible to download from the ECHO provider portal (www.providerpayments.com).

Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Enrollment team at (440) 835-3511.

In addition, we want to make you aware of another enhancement. You can now log into www.providerpayments.com to access a detailed explanation of payment for each transaction.

If you have any difficulty with the website or have additional questions, please call Echo Healthcare, Inc at (800) 886-5918. You can also reach out to your Provider Relations team for assistance.

PROVIDER DISPUTES

A provider dispute is a written notice challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested. All provider disputes should be submitted on a Provider Dispute Resolution form. Written disputes must be submitted within 60 days from AHF's action that led to the dispute for services rendered.

Providers may submit their dispute to Claims@positivehealthcare.org or via mail:

AIDS Healthcare Foundation
Attn: Claims
P.O. Box 472377
Aurora, CO 80047

For inquiries regarding the status of a dispute or to obtain the Provider Dispute Resolution form, please call (888) 662-0626 or email Claims@positivehealthcare.org or CAPR@ahf.org.

PROVIDER RELATIONS

The Contracting and Provider Relations Department is the liaison between the program's network providers and AHF. This department negotiates contracts for new and existing specialty providers, resolves provider concerns and provides education of program policies and procedures.

PROVIDER INFORMATION CHANGES

AHF requires a 45-day prior notification for contracted Ryan White Specialty Services Program network provider changes, such as address, phone/fax number, office hours, tax ID numbers, termination, or leaves of absence. Changes made must be submitted to the program in writing via one of the following:

- Email: CAPR@ahf.org
- Fax: (888) 235-7695
- Mail:

  AIDS Healthcare Foundation:
  Provider Relations
  6255 Sunset Blvd, 19th Floor.
  Los Angeles, CA 90028

COVERED DENTAL PROCEDURE CODES

All Service Requests Are Subject to Clinical/Utilization Review

Description	Code
Prefabricated post and core in addition to crown (secondary code option)	D2954
Panoramic radiographic image	D0330
crown- porcelain/ceramic substrate	D2740
Crown- porcelain fused to predominantly base metal	D2751
Core buildup, including any pins	D2950
Pin Retention- per tooth	D2951
Post and Core in addition to crown	D2952
Endodontic therapy, anterior tooth (excluding final restoration)	D3310
Endodontic therapy bicuspid tooth (excluding final restoration)	D3320
Endodontic therapy, molar tooth (excluding final restoration)	D3330
Apicectomy, separate surgical procedure, per tooth-anterior	D3410
Apicectomy, separate surgical procedure, per tooth-bicuspid (first tooth)	D3421
Apicectomy, separate surgical procedure, per tooth-molar (first root)	D3425
Apicectomy, separate surgical procedure, per tooth- (each additional root)	D3426
Periodontal scaling and root planning- 4 or more teeth per quadrant	D4341
Periodontal scaling and root planning – one to three teeth, per quadrant	D4342
3 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	D5214
extraction, coronal remnants- deciduous tooth	D7111
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140
Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210
Removal of impacted tooth- soft tissue	D7220
Removal of impacted tooth- partially bony	D7230
Removal of impacted tooth- completely bony	D7240
Surgical removal of residual tooth roots (cutting procedure)	D7250
Oriental fistula closure	D7260

Primary closure of a sinus perforation	D7261
Biopsy of oral tissue - hard (bone, tooth)	D7285
Biopsy of oral tissue - soft	D7286
Alveoloplasty in conjunction with extractions- 4 or more teeth/tooth space, per quadrant	D7310
Alveoloplasty (no extractions)- per quadrant	D7320
Removal of lateral exostosis (maxilla or mandible)	D7471
Removal of torus palatinus	D7472
Removal of torus mandibularis	D7473
Incision and drainage of abscess- intraoral soft tissue	D7510
Deep sedation/general anesthesia- first 30 minutes	D9222
Deep sedation/general anesthesia- each additional 15 minutes	D9223
Intravenous Conscious Sedation/analgesia- each additional 30 minutes	D9241
Intravenous Conscious Sedation/analgesia- each additional 15 minutes	D9242
Non-intravenous conscious sedation	D9248
Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	D9310
Periodic oval evaluation- established patient	D0120
Limited oral evaluation, problem focused	D0140
Comprehensive oral evaluation	D0150
Intraoral - complete series of radiographic images (including bitewings)	D0210
Intraoral-periapical first radiographic image	D0220
Intraoral - periapical single, additional files (10 maximum)	D0230
Bitewings- 2 Films 1	D0272
Bitewings- 4 Films 1	D0274
Prophylaxis film 2	D1110
Amalgam, one surface, primary or permanent tooth	D2140
Amalgam, two surfaces, primary or permanent tooth	D2150
Amalgam, three surfaces, primary or permanent tooth	D2160
Resin-based composite- one surface, anterior	D2330
Resin-based composite- two surfaces, anterior	D2331
Resin-based composite- three surfaces, anterior	D2332
Resin-based composite- four or more surfaces, anterior	D2335
Resin-based composite- one surface, posterior	D2391
Resin-based composite- two surfaces, posterior	D2392

Resin-based composite- three surfaces, posterior	D2393
Resin-based composite-four or more surfaces, posterior	D2394
Antibacterial (Peridex) mouth rinse- on formulary	D9630
Postoperative visit, complications (e.g. osteitis)	D9930
Mandibular Partial Denture, resin base 10	D5212
Repair broken complete denture base	D5510
Repair missing or broken teeth- complete denture	D5520
Replacement fixed partial denture	D6930
Remove impacted tooth- unusual surgical complication	D7241
Excision pericoronal gingiva	D7971
Palliative (Emergency) treatment of dental pain, minor	D9110
Recement inlay	D2910
Recement crown	D2920
Full mouth debridement 5, 6, 7	D4355
Periodontal Maintenance Procedures 8, 9	D4910
Complete Denture- Maxillary 10	D5110
Complete Denture- Mandibular 10	D5120
Maxillary Partial Denture, resin base 10	D5211
Deep Sedation/General Anesthesia – First 15 minutes	D9222
Deep Sedation/General Anesthesia – Each subsequent 15minute increment	D9223

SECONDARY DENTAL SERVICES PROCEDURE CODES

The following codes apply to those enrolled in Ryan White Secondary Dental Services.
All Service Requests are Subject to Clinical/Utilization Review

Periodic oval evaluation- established patient	D0120
Limited oral evaluation, problem focused	D0140
Comprehensive oral evaluation	D0150
Intraoral - complete series of radiographic images (including bitewings)	D0210
Intraoral - periapical first radiographic image	D0220
Intraoral - periapical single, additional files (10 maximum)	D0230
Bitewings- 2 Films 1	D0272
Bitewings- 4 Films 1	D0274
Prophylaxis film 2	D1110
Amalgam, one surface, primary or permanent tooth	D2140

Amalgam, two surfaces, primary or permanent tooth	D2150
Amalgam, three surfaces, primary or permanent tooth	D2160
Amalgam, four or more surfaces, primary or permanent tooth	D2161
Resin-based composite- one surface, anterior	D2330
Resin-based composite- two surfaces, anterior	D2331
Resin-based composite- three surfaces, anterior	D2332
Resin-based composite- four or more surfaces, anterior	D2335
Resin-based composite- one surface, posterior	D2391
Resin-based composite- two surfaces, posterior	D2392
Resin-based composite- three surfaces, posterior	D2393
Resin-based composite- four or more surfaces, posterior	D2394
Recement inlay	D2910
Recement crown	D2920
Full mouth debridement 5, 6, 7	D4355
Periodontal Maintenance Procedures 8, 9	D4910
Complete Denture- Maxillary 10	D5110
Complete Denture- Mandibular 10	D5120
Maxillary Partial Denture, resin base 10	D5211
Mandibular Partial Denture, resin base 10	D5212
Repair broken complete denture base	D5510
Repair missing or broken teeth- complete denture	D5520
Replacement fixed particle denture	D6930
Remove impacted tooth- unusual surgical complication	D7241
Excision pericoronal gingiva	D7971
Palliative (Emergency) treatment of dental pain, minor	D9110
Antibacterial (Peridex) mouth rinse- on formulary	D9630
Postoperative visit, complications (e.g. osteitis)	D9930