



Holocaust Survivors Oral Health Program

A logo for the Holocaust Survivors Oral Health Program, featuring a stylized human figure in purple and blue, with arms raised, set against a background of two hands in grey, one above the other, as if holding or supporting the figure.

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 Society 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 Encounter 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 important; when submitting the claim/encounter do not include any confidential information such as patient 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 Dental Society
 Holocaust Survivors Dental Program
 P.O. Box 286332, New York, NY 10128

Telephone: 240-876-3330

Email: bernice.edelstein@aofus.org

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

I. Diagnostic

Clinical Oral Evaluations

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

Radiographs

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

II. Preventive

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

III. Restorative

Amalgam Restorations

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

Composite Restorations

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

Crowns

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

Other Restorative Services

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

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

IV. Endodontics

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

V. Periodontics

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

VI. Prosthodontics (removable)

Complete Dentures

D5110 complete denture – maxillary	51101
D5120 complete denture – mandibular	51102
D5130 immediate denture – maxillary	51301
D5140 immediate denture – mandibular	51302

Partial Dentures

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

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

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

Abutments

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

X. Oral and Maxillofacial Surgery

Extractions

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

Alveoloplasty

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

XII. Adjunctive General Services

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

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