



Temporary Dental Coverage Limits During COVID-19 Public Health Emergency

In compliance with Governor Dunleavy's [Health Mandate 006: Elective Oral Health Procedures](#), effective April 8, 2020, the following changes will be implemented and will remain in effect until further notice.

Covered Dental Services

Dental services coverage is limited to the dental procedures listed on page 2 of this document, and only if the service is urgent or emergent, as described by the [American Dental Association](#) and the Centers for Disease Control and Prevention.

Service Authorization Requirements

Service authorization requirements remain in effect. Requests for services other than codes listed on page 2, *Covered Dental Procedures during COVID-19 Public Health Emergency*, will be denied.

Claims Paid Prior to the Notice

All services rendered on and after April 8, 2020 are subject to the requirements of [Health Mandate 006: Elective Oral Health Procedures](#). The department may conduct post payment reviews on claims processed prior to this notice; if it is determined that procedures were conducted in direct violation of the mandate you will be notified and will be required to reimburse the state for those claims. Any such notice will include the required appeal rights to challenge any overpayment that is identified.

Questions?

Contact Sherri LaRue at sherri.larue@alaska.gov or Carrie Crouse at carrie.crouse@alaska.gov.

Covered Dental Procedures during COVID-19 Public Health Emergency:

The following dental procedure codes are the only codes that will be reimbursed during the COVID-19 public health emergency, as described on page 1.

Code	Definition
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED
D0220	INTRAORAL-PERIAPICAL-FIRST FILM
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-ONE SURFACE, ANTERIOR
D2331	RESIN-TWO SURFACES, ANTERIOR
D2332	RESIN-THREE SURFACES, ANTERIOR
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (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
D2940	PROTECTIVE RESTORATION
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY
D5850	TISSUE CONDITIONING, MAXILLARY
D5851	TISSUE CONDITIONING, MANDIBULAR
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN- MINOR PROCEDURES
D9222	DEEP/GENERAL ANESTHESIA, FIRST 15 MINUTES
D9223	DEEP/GENERAL ANESTHESIA, EA ADD'L 15 MINUTES