



November, 2014

Dear Doctor,

When submitting prior authorization or post procedure review claims for “alveoloplasty”, please note that the Connecticut Medical Assistance Program (HUSKYHealth) will only reimburse for code, “D7320, *Alveoloplasty NOT in conjunction with extractions*”. Alveoloplasty performed in conjunction with extractions (Code D7310) is never a covered procedure.

If a claim is received with submissions for alveoloplasty and extractions in the same quadrant, the alveoloplasty will be denied with a code 65 which is "Not Separately Billable." The rationale for this guideline is that a properly done extraction, especially a surgical extraction, should include smoothing of the bone and removal of bony spicules. Similarly, a claim for alveoloplasty submitted within a short period of time following a claim for a surgical extraction and performed by the same practitioner will be denied on the same basis.

Please refer to Medicaid Policy

184.E.I Dental Services Covered and Limitations:

184.E.I.j. Alveolectomy (Alveoloplasty): Only when an edentulous ridge is involved (not in conjunction with extractions)

When submitting claims for review for Code D7320, please include a narrative and any supporting radiographs or other clinical documentation.

Please be cognizant of these guidelines when submitting claims.

Thank you,

Connecticut Dental Health Partnership