

Policy Code	Policy Message
001	This procedure is not a contract benefit. It is a contract exclusion. The cost is the patient's responsibility.
002	The contract provides benefits for this procedure once in a six (6) month period. The cost is the patient's responsibility.
003	The contract provides benefits for this procedure once in a twelve (12) month period. The cost is the patient's responsibility.
005	The patient does not meet the contractual age requirement for this procedure. The cost is the patient's responsibility.
007	Duplication of x-rays for insurance purposes is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
009	A maximum of six x-rays (periapicals) taken with a panoramic x-ray is covered. Additional periapical x-rays are not a contract benefit. The cost is the patient's responsibility.
014	When multiple exams are performed on the same date, the benefit is for the more inclusive procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
015	The contract provides benefits for either a complete series or a panoramic x-ray once in a three (3) year period. The cost is the patient's responsibility.
016	Any combination of periapical x-rays and four (4) bitewing x-rays are considered a complete series if the cost equals or exceeds the cost for a complete series. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
018	The contract provides benefits for either a complete series or a panoramic x-ray once in a five (5) year period. The cost is the patient's responsibility.
019	In the absence of requested information, a benefit determination cannot be made. If the requested information is received, an adjusted benefit payment or estimate will be considered. Please contact the Washington Dental Service Customer Service Department for further information regarding this determination. The cost is the patient's responsibility.
020	This procedure is considered part of another listed procedure and should be incorporated into the cost for that procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
20A	Washington Dental Service paid for a procedure performed on the same date of service that is considered part of this procedure. Therefore, the cost of that treatment has been deducted from the cost of this procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
022	A complete x-ray series includes bitewing x-rays. The patient has exceeded the time limitation for bitewing x-rays; therefore, the cost for bitewing x-rays most recently paid by Washington Dental Service has been deducted from the complete series to reflect the benefit available. The balance is the patient's responsibility.
027	The contract provides benefits for this procedure once in a four (4) month period. The cost is the patient's responsibility.
028	This procedure is not a benefit as a difficult prophylaxis or full mouth debridement based on information provided and/or the patient's history. An allowance has been made for a regular prophylaxis. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

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029	A panoramic film with or without supplemental films (periapicals or bitewings) is considered a complete series for time limitations and cannot exceed the maximum allowable fee for a complete series. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
031	The patient has exceeded the time limitation for a full mouth series or panoramic x-rays. We have allowed the cost for bitewing x-rays. The balance is the patient's responsibility.
032	The contract provides benefits for this procedure twice in a calendar year. The cost is the patient's responsibility.
034	A pathology report submitted by anyone other than a licensed dentist is not a covered benefit. The cost is the patient's responsibility.
035	Pathology procedures without a pathology report are not a covered benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
036	Pathology procedures for routine surgical procedures are not a covered benefit. The cost is the patient's responsibility.
037	Consultation, diagnosis and treatment planning are part of the cost for the examination, evaluation, and/or diagnostic procedure(s). Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
038	Duplication of radiographs or any other records for transferring to another dentist is not a covered benefit. The cost is the patient's responsibility.
039	Any additional films, including bitewings, taken with a complete series are considered to be part of a complete series. An allowance has been made for a complete series. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
040	The contract provides benefits for either a complete series or a panoramic x-ray once in a twenty-four (24) month period. The cost is the patient's responsibility.
042	An initial examination has been paid to this provider for this patient. Therefore, allowance has been made for a periodic examination. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
044	Any individual or combination of x-rays (periapical, bitewing, occlusal, or panoramic) is considered a complete series if the cost equals or exceeds the cost for a complete series. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
045	Any individual or combination of intraoral x-rays is considered a complete series if the cost equals or exceeds the cost for a complete series. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
046	Pulp vitality tests are payable per visit, not per tooth, and only for diagnosis of emergency conditions. Pulp tests performed on the same date as any other procedure except emergency examination or palliative treatment are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
047	Pulp vitality tests are payable per visit, not per tooth. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
048	This patient has history of periodontal maintenance procedure(s) in the current benefit period. Therefore, a regular prophylaxis is not a covered benefit for this benefit period according to the group's contract. The cost is the patient's responsibility.
049	Any combination of pathology report procedures, when provided on the same day, for the same site, will not be paid as separate benefits. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

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050	The contract provides benefits for a comprehensive oral evaluation by the same dentist once in a three (3) year period. Additional comprehensive oral evaluations are allowed as periodic oral evaluations. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
051	The contract provides benefits for either a complete series or a panoramic x-ray once in a two (2) year period. The cost is the patient's responsibility.
052	The contract provides benefits for either a complete series or a panoramic x-ray once per benefit period. The cost is the patient's responsibility.
053	The contract provides benefits for either a complete series or a panoramic x-ray once every twelve (12) months. The cost is the patient's responsibility.
054	WDS has issued payment to the same dentist for intraoral x-ray(s) on this date of service, on a previously submitted claim. Services cannot be bundled or unbundled for additional payment. A separate charge for a full mouth series is disallowed. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
101	Sealants are not a covered benefit on teeth with caries (decay) or restorations on the occlusal surface. The cost is the patient's responsibility.
105	Provider will receive additional Preshent payment for risk assessment on separate remittance.
106	Repair, replacement or removal of a space maintainer is not a contract benefit. The cost is the patient's responsibility.
107	A vertical space maintainer to open the bite is not a contract benefit. The cost is the patient's responsibility.
111	Plaque control programs are not a contract benefit. The cost is the patient's responsibility.
113	Space maintainers are not a benefit for anterior teeth or for patients 18 years or older. The cost is the patient's responsibility.
114	Sealants are covered only for application on permanent, upper and lower molars. The cost is the patient's responsibility.
115	A person age 14 or older is provided a prophylaxis-adult. A person under the age of 14 is provided a prophylaxis-child. Therefore, the procedure submitted has been changed to the appropriate code for processing purposes.
117	The patient does not meet the contractual age requirement for this procedure. Therefore, the treatment has been paid based on a more appropriate procedure code.
119	Sealants placed on the same date of service and on the same surface as a restoration are considered a component of the restoration and are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
120	Benefits for sealants include repair or replacement by the same dentist within two (2) years. Participating dentists have agreed to charge the patient only the amount indicated as patient's responsibility.
121	Only one space maintainer is provided for a space. The cost is the patient's responsibility.
122	Space maintainers for missing primary anterior teeth, missing permanent teeth, or for persons age 14 or over are not a covered benefit. The cost is the patient's responsibility.
124	One recementation of a space maintainer is allowed per dental office. Subsequent requests for recementation by the same office are not a covered benefit. The cost is the patient's responsibility.
126	In the absence of requested provider information, a benefit determination cannot be made. Participating providers have agreed to charge the patient only the amount indicated as the patient's responsibility.
127	Please submit an image (radiograph or photo) for further review, if available.

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128	Removal of a fixed space maintainer is disallowed when submitted with re-cementation of a space maintainer. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
200	A limited occlusal adjustment is not a benefit under the following circumstances: a) if performed on the same date or following the seating of a prosthetic device or appliance, or b) if performed on the same day/same tooth as the restoration or the tooth opposing the restoration. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
202	In cases involving two or more separate restorations on the same surface, performed on the same day, the cost for one surface is the benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
204	Polishing restorations is not a contract benefit. The cost is the patient's responsibility.
205	Any restoration placed for cosmetic reasons is not a contract benefit. The cost is the patient's responsibility.
208	A sedative filling is not a separate benefit when performed in conjunction with a definitive restoration or an endodontic procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
212	Acid etch or light-cured restoration costs in addition to the cost for restorative procedures are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
213	This contract provides reimbursement of a composite restoration in a posterior tooth (back tooth) up to the allowance for a comparable amalgam restoration. The balance up to the dentist's filed fee or maximum allowable fee for the composite restoration is the patient's responsibility. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
215	This contract provides reimbursement of a lab-processed resin or lab-processed composite restoration up to the allowance for a comparable amalgam or composite restoration. The balance up to the dentist's filed fee or maximum allowable fee for the lab-processed restoration is the patient's responsibility. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
217	Restorations placed to close diastemas are not a contract benefit. The cost is the patient's responsibility.
218	This procedure is paid at the group's prosthetic benefit level.
220	Restorations are not a contract benefit unless the x-ray and/or narrative received with the claim provide evidence of carious breakdown. The cost is the patient's responsibility.
221	All single tooth cast restorations are optional benefits unless the tooth is damaged by decay or fractured to the point that it cannot be restored by an amalgam or direct resin restoration. A benefit allowance for an amalgam or resin-based composite restoration has been made. The balance is the patient's responsibility.
222	Crowning peg laterals is not a contract benefit unless the tooth meets criteria for crown coverage. The cost is the patient's responsibility.
223	A crown placed as a removable partial denture retainer is not a contract benefit unless the tooth meets criteria for crown coverage. The cost is the patient's responsibility.
227	Crowns placed on anterior teeth for endodontic purposes only are not a contract benefit. The cost is the patient's responsibility.
229	Amalgam and composite restorations placed within two (2) years of a buildup are not a contract benefit. The cost is the patient's responsibility.
230	A temporary crown is a component of the permanent crown and is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
231	The cost for gold in addition to the cast gold restoration is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
233	Crown venting and/or surveying crowns is not a contract benefit. The cost is the patient's responsibility.

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234	Crowns, copings or attachments placed on overdenture teeth are not a contract benefit. The cost is the patient's responsibility.
236	The contract provides benefits for all single tooth cast restorations once in a five (5) year period. The cost is the patient's responsibility.
237	The contract provides benefits for all single tooth cast and prefabricated restorations once in a five (5) year period. The cost is the patient's responsibility.
240	This procedure placed within two (2) years of an amalgam or composite restoration without evidence of pathology is not a covered benefit. The cost is the patient's responsibility.
241	A buildup is a benefit if an x-ray and/or narrative indicate an absence of sufficient tooth structure remaining circumferentially for crown retention. The placement or replacement of restorative materials to improve form, fill in undercuts or reduce bulk in castings is not a benefit. The cost is the patient's responsibility.
243	When a tooth is hemisected and both halves retained and crowned for periodontal reasons, the crowns are not a contract benefit. The cost is the patient's responsibility.
244	When a tooth is hemisected, both halves are retained and crowned, and the sectioned tooth meets criteria for crown coverage one crown will be covered. The cost for the second crown is the patient's responsibility.
245	A crown placed prior to actual failure of the tooth is considered preventive (prophylactic) and is not a contract benefit. The cost is the patient's responsibility.
246	A crown placed due to enamel cracks or fracture lines (including craze lines) without displacement of tooth structure or actual failure of the tooth is considered preventive and is not a contract benefit. The cost is the patient's responsibility.
247	The cost for the treatment previously done on this tooth has been deducted from the cost submitted for this service.
248	Crown lengthening is not a benefit unless the tooth meets restorative criteria, lacks access or lacks sufficient remaining tooth structure for retention. The cost is the patient's responsibility.
249	A determination of benefits cannot be made since the narrative given is a judgment of the condition of the tooth, not a clinical description. The cost is the patient's responsibility.
250	The clinical description/x-ray provided for the tooth (teeth) on this claim does not describe/display a condition that is a contract benefit as a crown, onlay or veneer. The cost is the patient's responsibility.
251	Our records show this procedure has already been submitted. In the interest of fairness, a dental consultant has reviewed this procedure again and has made no change to the original determination.
252	The clinical description/x-ray provided for the tooth or teeth on this claim does not describe/display a condition that is a contract benefit as a buildup. The cost is the patient's responsibility.
254	The contract allows an amalgam or composite restoration payable toward the cost of a crown or onlay restoration. The balance is the patient's responsibility.
255	A restoration includes services such as, but not limited to, adhesives, etchings, liners, bases, polishing, occlusal adjustment, caries removal and gingivectomy done on the same date of service as the restoration. A separate cost for any of these procedures is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
258	Silicate cement restorations are allowable on anterior teeth and the facial surfaces of bicuspid. Silicate cement restorations on posterior teeth are considered optional, and an alternate benefit allowance up to that for an amalgam has been made. The balance is the patient's responsibility.
259	Pin retention is a benefit once per tooth when necessary on a permanent tooth and when completed at the same appointment. Additional pins on the same tooth are a component of the initial pin placement. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

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260	Pin retention when billed in conjunction with a buildup is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
261	Pin retention is only a benefit when submitted in conjunction with a permanent restoration on the same tooth. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
262	When a posterior restoration not involving the occlusal surface is requested or performed, the allowance is limited to that of a one-surface restoration. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
263	A veneer is considered optional. An allowance is made for a restorative procedure appropriate to the degree of tooth breakdown. The balance is the patient's responsibility.
264	Porcelain/ceramic and composite/resin onlays are not a benefit. An alternate benefit allowance for a metallic onlay has been made. The balance is the patient's responsibility.
265	Preventive resin restorations are considered sealants for payment purposes. The balance is the patient's responsibility.
266	Cast restorations include all models, temporaries and other associated procedures and are not considered a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
269	Substructures are a benefit only when necessary to retain a cast restoration due to extensive loss of tooth structure from caries or fracture. Buildups not required for retention are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
271	Restorations for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear) for periodontal, orthodontic or other splinting are not a contract benefit. The cost is the patient's responsibility.
272	A recementation within six months of the initial placement by the same provider is considered part of the initial procedure and is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
272A	A recementation within six months of the initial placement is not a covered benefit. The Cost is the patient's responsibility.
274	Ceramic substrate/porcelain or cast metal crowns and onlays are not a covered benefit for children under the age of 12. The cost is the patient's responsibility.
275	A prefabricated post and core or a cast post and core in addition to a crown is a benefit only on an endodontically treated tooth. It is not a benefit when radiographs indicate an absence of endodontic treatment, incompletely filled canal space, or unresolved pathology associated with the involved tooth. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
276	A prefabricated post and core or a cast post and core in anterior teeth is a benefit only when there is insufficient tooth structure to support a cast restoration. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
277	A prefabricated resin crown and/or a prefabricated stainless steel crown with a resin window is only a benefit on primary anterior teeth. If submitted for a posterior primary tooth or for a permanent tooth, an alternate benefit allowance for full stainless steel crown is made. The balance is the patient's responsibility.
278	When multiple restorations involving the proximal and occlusal surfaces of the same tooth are requested or performed, the allowance is limited to that of a multisurface restoration. Any fee charged in excess of the allowance for the multisurface restoration is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
279	This procedure placed within two (2) years of a prefabricated restoration or resin-based composite crown without evidence of pathology is not a covered benefit. The cost is the patient's responsibility.

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280	This procedure placed within two (2) years of an amalgam or composite restoration without evidence of pathology is not a covered benefit. When performed by the same provider, participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
281	This contract provides reimbursement of an inlay or gold foil up to the allowance of an amalgam restoration. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
282	This contract provides reimbursement of a resin-based composite restoration (tooth-colored filling) on the buccal surface in a permanent bicuspid as a resin restoration. All other resin restorations are paid up to the level of an amalgam restoration (silver filling). Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
283	Recementation of a cast or prefabricated post and core is a benefit one time per dentist. Additional recementations are not a covered benefit. The cost is the patient's responsibility.
284	Recementation of a cast or prefabricated post and core within six months of the initial placement by the same provider is considered part of the initial procedure and is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
285	This procedure is covered only when performed in addition to a cast crown. Washington Dental Service has no indication in the patient's history of a crown. The cost is the patient's responsibility.
286	When a posterior composite restoration not involving the occlusal surface is requested or performed, the allowance is limited to that of a one-surface amalgam restoration. The balance is the patient's responsibility.
287	The contract provides benefits for all single tooth cast restorations once in a seven (7) year period. The cost is the patient's responsibility.
288	This contract provides reimbursement of a laminate resin veneer on an anterior tooth up to the allowance of a direct resin restoration. The balance is the patient's responsibility.
289	The number of surfaces submitted does not match the submitted procedure code. A benefit determination cannot be made. The cost is the patient's responsibility.
300	Indirect pulp caps, bases and liners are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
302	Root canals include treatment of root canal obstructions, treatment and post-operative x-rays, and temporary restorations. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
304	When a pulpectomy or root canal is performed on a primary tooth, an alternate benefit allowance for a pulpotomy is made. The balance is the patient's responsibility.
307	When a pulpotomy is performed on a permanent tooth, an alternate benefit allowance is made for palliative treatment. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
308	Endodontic therapy with four (4) or more canals is paid as ADA code D3330. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
311	Root canal therapy performed in conjunction with an overdenture is limited to two teeth per arch and paid at the prosthetic copayment level. Additional root canal treatments are not a contract benefit. The fee is the patient's responsibility.
314	Isolation of a tooth with a rubber dam is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
317	Canal preparation and fitting of a preformed dowel or post is not a benefit. It is a component of the cost for the post or root canal therapy. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

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318	Pulp caps are not a benefit. They are a component of a sedative filling. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
319	Direct or indirect pulp caps are a contract exclusion and are considered part of the restorative procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
321	Endodontic therapy and/or restoration of the tooth are not a benefit when a radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a biologically acceptable nonresorbable semisolid or solid core material. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
323	Incompletely filled root canals are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
324	Root canal therapy and restorations done in conjunction with an overdenture are not a contract benefit. The cost is the patient's responsibility.
326	Apexification is not a benefit unless performed on permanent teeth with incomplete root development or for repair of a perforation. The cost is the patient's responsibility.
327	Apexification/recalcification - final visit is payable as a root canal procedure according to the tooth number. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
329	Root amputation is not a benefit when performed in conjunction with an apicoectomy. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
400	If periodontal charting and an examination are performed on the same day, the examination is the benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
405	Synthetic graft material in addition to the cost of the osseous graft is not a contract benefit. The cost is the patient's responsibility.
408	Appliances or restorations to increase vertical dimension or alter occlusion are not a contract benefit. The cost is the patient's responsibility.
418	The definition of the same dentist includes providers in the same dental office. A fee for dressing change submitted by a doctor of the same office is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
421	Periodontal treatment received without current pocket depth charting and a definitive diagnosis or with a generalized pocket depth statement is not a contract benefit. The cost is the patient's responsibility
422	A combination of periodontal nonsurgical, surgical or prophylaxis procedures are not separate benefits when provided on the same day. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
429	Root planing is not a covered benefit for twelve (12) months following gingivectomy, gingivoplasty and/or periodontal surgery. The cost is the patient's responsibility.
430	This treatment is not a covered benefit unless the clinical condition meets existing periodontal guidelines. The cost is the patient's responsibility.
435	Periodontal surgical procedures include all necessary postoperative care, finishing procedures and evaluations as well as any surgical re-entry for three (3) years. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
436	In the absence of documentation of extraordinary circumstances, additional periodontal surgery in the same quadrant is not a benefit for three (3) years. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

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437	Surgical retreatment with documentation of extraordinary circumstances is not a contract benefit. The cost is the patient's responsibility.
438	More than two tissue or osseous grafts within any quadrant are by report. Costs exceeding more than two sites in a quadrant are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
441	When multiple crown lengthening sites are located within a single quadrant, the maximum allowance should not exceed the osseous surgery full quadrant fee. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
442	Gingivectomy, gingivoplasty or crown lengthening done in conjunction with a crown, buildup, or restoration on the same day is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
445	Osseous surgery includes osseous contouring, distal or proximal wedge surgery, scaling and root planing, gingivectomy, frenectomy and flap procedures when performed on the same day in the same quadrant. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
446	Benefits for osseous or soft tissue grafts are available when grafts are performed for periodontal defects on natural teeth. When performed in conjunction with implants, ridge augmentations, extractions, root amputations, apicoectomies and hemisections, or in edentulous areas, coverage for grafting is not a benefit. The cost is the patient's responsibility.
446A	Benefits for osseous or soft tissue grafts are available when grafts are performed for periodontal defects. When performed in conjunction with ridge augmentations, extractions, root amputations, apicoectomies and hemisections, or in edentulous areas, coverage for grafting is not a benefit. The cost is the patient's responsibility.
448	When a subepithelial connective tissue graft procedure is submitted, an alternate benefit allowance for a free soft tissue graft is made. The balance is the patient's responsibility.
449	Distal wedge procedure is limited to the distal aspect of a periodontally affected tooth adjacent to an edentulous site. Based on pocket depths, benefits will be allowed for either limited soft tissue involvement or up to one-half the full quadrant fee for osseous surgery. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
450	There must be documentation of at least 4mm pocket depths on the diseased teeth involved. In the absence of 4mm pockets, an alternate benefit allowance for prophylaxis is made. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
455	The allowance for this procedure was determined based on the number of teeth involved. This is the maximum allowance. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
460	Periodontally involved teeth that would qualify for surgical pocket reduction benefits and osseous grafts must be documented to have at least 5mm pocket depths. If pocket depths are under 5mm, the procedure is not a contract benefit. The cost is the patient's responsibility.
461	If periodontal surgery is performed less than four weeks after scaling and root planing, the cost for the surgical procedure or the scaling and root planing may be disallowed upon consultant review. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
462	Full mouth debridement is a benefit once in a lifetime. An allowance has been made for a regular prophylaxis. The balance is the patient's responsibility.
466	Periodontal surgery or site-specific therapy is not a benefit unless preceded by scaling and root planing a minimum of six (6) weeks to a maximum of six (6) months prior to treatment. Alternatively, a continuous period of supportive periodontal therapy following active therapy, as evidenced by periodontal maintenance or prophylaxis, meets this requirement. The cost is the patient's responsibility.

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467	This procedure is not a contract benefit for the condition/diagnosis provided. The cost is the patient's responsibility.
468	Predetermination of this procedure is valid only if supportive therapy is in place at the time of service. Supportive therapy consists of scaling and root planing a minimum of six weeks to a maximum of six months prior to treatment or a continuous period of supportive periodontal therapy following active therapy, as evidenced by periodontal maintenance or prophylaxis.
469	This procedure is considered part of the initial surgical procedure and is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
474	The supportive therapy requirement has been overridden based on the information provided by the dental office.
475	This contract provides reimbursement of a periodontal maintenance up to the allowance of a prophylaxis. The balance is the patient's responsibility.
476	The contract provides benefits for periodontal surgical procedures as well as any surgical re-entry once in a three-(3) year period. The cost is the patient's responsibility.
477	This contract provides benefits for this procedure up to a maximum of four times in a benefit period if certain criteria are met. The patient must be an AAP case type 3 or greater. A pocket depth charting dated within 36 months prior to the date of treatment is required. The cost is the patient's responsibility. If a current pocket depth chart supporting an AAP case type of 3 or greater is provided and the procedure is being done for the third or fourth time, the allowance can be re-evaluated.
478	The contract provides coverage for a site of soft tissue grafting, osseous grafting or regenerative membrane procedures once in a three year period. Additionally, the maximum benefit per quadrant is two sites in a three year period. The cost is the patient's responsibility.
479	Biologic materials are not a contract benefit in combination with guided tissue regeneration, bone grafting or extractions in the same area. The cost is the patient's responsibility.
500	Additional costs for specialized treatment are not a contract benefit. An allowance has been made for a conventional crown, fixed partial denture or removable prosthodontic appliance. The balance is the patient's responsibility
501	Characterizations, staining, overdentures or metal bases are considered specialized techniques. An alternate benefit allowance is made for a conventional denture. The balance is the patient's responsibility.
503	The allowance of a lab-processed soft reline is the cost for a standard lab-processed reline. The balance is the patient's responsibility.
505	Complete or partial dentures include any adjustments, repairs, or rebases done within six (6) months of initial placement. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
506	A rebase includes the fee for relining. A fee for a reline billed within six months of a rebase is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
507	Denture insertion is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
508	Cleaning of a prosthetic appliance is not a contract benefit. The cost is the patient's responsibility.
509	A duplicate set of dentures is not a contract benefit. The cost is the patient's responsibility.
511	An amalgam restoration and/or root canal therapy done in conjunction with an overdenture is limited to two teeth per arch and is paid at the group's prosthetic copayment level. The balance is the patient's responsibility.
513	The benefit allowance for an appliance constructed on an implant is the maximum allowable fee for a full or partial denture. The balance is the patient's responsibility.

Policy Code	Policy Message
515	This contract provides for reimbursement of an interim partial or interim complete denture up to the allowance of a reline. The balance is the patient's responsibility.
516	The group contract allows for reimbursement of an appliance constructed on an implant at the applicable amount for a conventional crown, fixed partial denture, removable partial or complete denture. Such allowance will be paid at the Class III payment level. The balance is the patient's responsibility.
517	Implant related procedure.
518	Adjustments, repairs, relines or rebases done within six (6) months of the initial placement of a complete or partial denture are not a covered benefit. The cost is the patient's responsibility.
520	A complete or partial denture rebase includes any adjustments done within six (6) months of delivery. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
521	Repair or replacement within the contractual time limitations due to mistreatment by the patient is not a benefit. The cost is the patient's responsibility.
524	Tissue conditioning is not a benefit if performed on the same day the denture is delivered or a reline/rebase is provided. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
525	Tissue conditioning is not a benefit more than twice per denture unit per 36 months. The cost is the patient's responsibility.
526	A fixed partial denture involving posterior teeth is not a covered benefit for five (5) years after the placement of a removable partial denture in the same arch. The cost is the patient's responsibility.
528	Repair of a full or partial denture cannot exceed one-half of the cost for a new appliance. Additional costs are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
529	An adjustment done within six (6) months of a rebase is not a covered benefit. The cost is the patient's responsibility.
530	A complete or partial denture rebase includes a reline done within 6 months of delivery. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
531	A reline done within 6 months of a rebase is not a covered benefit. The cost is the patient's responsibility.
532	A fixed partial denture involving posterior teeth is not a covered benefit for seven (7) years after the placement of a removable partial denture in the same arch. The cost is the patient's responsibility.
600	The contract provides benefits for an interim partial denture only when replacing anterior teeth during the healing period after an extraction or to replace missing permanent anterior teeth for children under the age of 17. The cost is the patient's responsibility.
601	A double or triple fixed partial denture retainer is not a contract benefit unless the tooth meets criteria for crown coverage. The cost is the patient's responsibility.
603	A crown or fixed partial denture repair cannot exceed one-half the fee for a conventional crown or single partial denture unit. The balance is the patient's responsibility.
604	A fixed partial denture retainer on a tooth crowned within the last five (5) years is not a contract benefit if the space adjacent to the tooth was present at the time the tooth was crowned. The cost is the patient's responsibility.
605	Benefits will be based on the number of pontics necessary for space, not to exceed the normal complement of teeth. The cost is the patient's responsibility.
607	The original soldering of a fixed partial denture unit is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

Policy Code	Policy Message
609	If a tooth is hemisected and one half of the tooth is removed, the contract benefit will be for one fixed partial denture pontic and one fixed partial denture retainer. The cost is the patient's responsibility.
610	Repair of a fixed partial denture cannot exceed one-half of the cost for a new appliance. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility
700	Extra-oral or synthetic graft material is not a contract benefit. The cost is the patient's responsibility.
701	Root recovery is not a benefit if submitted for the same date of service as a surgical extraction done by the same provider. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
705	This procedure is only a benefit when performed in conjunction with three or more simple extractions in the same quadrant. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
711	This patient`s treatment history indicates this tooth and/or teeth are not present. Therefore, no allowance for the requested procedure can be made. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
713	Postoperative care and treatment of post-surgical complications is included in the initial cost for surgical treatment if performed within 30 days. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
716	Impaction codes are based on the anatomical position of the tooth, rather than the surgical procedure necessary for removal. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
718	Alveoloplasty is considered part of a surgical extraction and should be incorporated into the cost for that procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
719	Unsuccessful attempts at extraction are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
720	A biopsy of oral tissue submitted without a pathology report is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
721	Surgical incision is considered part of another listed procedure and should be incorporated into the cost for that procedure. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
722	Incision and drainage of abscess-extraoral soft tissue is a benefit only if a dental related infection is present. The cost is the patient's responsibility.
723	This procedure is not a benefit when billed in conjunction with any other surgical procedure(s) in the same area. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
726	This contract excludes temporomandibular joint dysfunctions (TMJ). Procedures submitted for TMJ purposes are not a contract benefit. The cost is the patient's responsibility.
727	This procedure requires a pathology report. Predetermination of this procedure is only valid if the payment claim is submitted with a pathology report. Payment claims received without a pathology report are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
728	Bone replacement grafts are covered only when performed in conjunction with an extraction and implant placement in the same site, on the same date of service. The cost is the patient's responsibility.
728P	Bone replacement grafts are covered only when performed in conjunction with an extraction and implant placement in the same site, on the same date of service.
800	Replacement or repair of an appliance is not a contract benefit. The cost is the patient's responsibility.

Policy Code	Policy Message
804	If the orthodontic treatment plan is terminated before completion of the case for any reason, the obligation of Washington Dental Service will cease with payment for the charges incurred up to the date of termination. The cost is the patient's responsibility.
807	A separate cost for orthodontic retention is not a benefit unless performed by a different provider and the lifetime orthodontic maximum has not been reached. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
808	Diagnostic casts and photos are a benefit once per case in conjunction with orthodontic services. Additional casts taken during or after orthodontic treatment are included in the cost for orthodontics and are not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
810	This contract excludes orthodontic benefits. Procedures submitted for orthodontic purposes are not a contract benefit. The cost is the patient's responsibility.
811	This patient's dental coverage has terminated. Orthodontic benefits have been prorated according to the date coverage ended. The balance is the patient's responsibility.
812	WDS automatically generates the monthly, quarterly or second payments based on the initial setup. If you have not submitted and received the initial payment, please submit the following information: (1) starting (banding) date of orthodontic treatment, (2) total orthodontic case fee, (3) estimated treatment time, (4) initial payment amount, and (5) the monthly billing fee. Please do not submit billings for monthly orthodontic fees.
813	The retainer fee was included in the orthodontic set-up on file for this patient. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
814	Our records indicate that this orthodontic treatment started prior to the patient's becoming eligible with DeltaCare. This plan does not cover treatment in progress. The cost is the patient's responsibility.
815	Our records indicate that benefits have been used at a previous date of service.
816	The patient responsibility reflects the copayment. This amount has been deducted from the total copayment required for orthodontic care.
817	Rebonding, recementing or repair of a fixed retainer by the same dentist who placed the retainer is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
900	General anesthesia or I.V. sedation is a benefit only when administered in conjunction with specific covered procedures based on the group's contract. The cost is the patient's responsibility.
902	Local anesthesia is not a covered benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
904	The cost for completion of claim forms and submission of documentation to Delta Dental to enable benefit determination are not benefits. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
905	The time limit for submitting this treatment has been exceeded. Therefore, the treatment is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
908	Medical costs resulting from the surgical removal of tissue for a biopsy are not a contract benefit. The cost is the patient's responsibility.
911	The provider Tax ID or location is not effective for the treatment date(s) submitted. A benefit determination cannot be made. The cost is patient responsibility.
915	The cost for an assistant or a second dentist is not a contract benefit under this plan. The cost is the patient's responsibility.

Policy Code	Policy Message
921	The procedure code submitted is not a valid ADA code. A benefit determination cannot be made. The cost is the patient's responsibility.
922	Charges for dental services are not a covered benefit if (1) they are compensated under Worker's Compensation or Employer's Liability Laws or, (2) are provided by any federal, state or provincial government agency or, (3) are provided without cost to the eligible person by any municipality, county or other political subdivision or community agency (except to the extent that such payments are insufficient to pay for the applicable covered dental benefits outlined in the WDS contract).
924	Services with respect to hereditary, congenital or developmental malformations or dentistry for purely cosmetic reasons, except those services provided under the orthodontic rider, are not contract benefits. The cost is the patient's responsibility.
925	Dental procedures that are considered experimental are not a contract benefit. The cost is the patient's responsibility.
926	Completion and acceptance of the VA Form 10-2579d (Treatment Authorization) constitutes a contract between the dentist and the VA to provide the services authorized at the stated fee. Washington Dental Service will pay only for treatment for which the VA has declared the veteran ineligible. The treatment must, however, be a contract benefit of the Washington Dental Service plan.
927	Incomplete treatment is not a contract benefit. The cost is the patient's responsibility.
928	This determination was made by a Washington Dental Service in-house dental consultant based on the entire information provided, including a regional dental consultant's clinical exam, and according to the guidelines for this contract.
930	A Washington Dental Service dental consultant has determined this code and/or tooth number to be more appropriate for the treatment performed. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
931	A Washington Dental Service dental consultant has determined this allowance.
932	This procedure is considered provisional by the American Dental Association and is not a contract benefit. The cost is the patient's responsibility.
933	Predetermination of this procedure is required. We have no record of a predetermination on file. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
934	Predetermination of this procedure is a requirement by the group. We have no record of a predetermination on file. The cost is the patient's responsibility.
935	Services provided by a dentist other than the designated provider are not a contract benefit. The cost is the patient's responsibility.
936	The contract provides benefits for this procedure twice in a twelve (12) month period. The cost is the patient's responsibility.
937	Infection control and OSHA compliance are considered to be part of the normal office overhead. They are included in the cost for each procedure and are not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
938	The maximum benefit for this treatment has been reached. The balance is the patient's responsibility.
939	Procedures not included on the prepaid provider specialty care list are not a benefit. Reimbursement for these procedures should be received from the patient's prepaid provider. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
940	Based on the information provided and the patient's failure to see a regional dental consultant, this procedure is not a contract benefit. The cost is the patient's responsibility.
941	Emergency care cannot be predetermined. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

Policy Code	Policy Message
942	The time limit for submitting this treatment has been exceeded and is not a contract benefit. The cost is the patient's responsibility.
944	A panel of in-house dental consultants has made this determination through the grand rounds process. This determination is final.
945	A determination cannot be made for claims not listing a specific procedure and fee. The cost is the patient's responsibility.
946	This claim has been reprocessed; the total amount paid has been increased.
948	The information provided for this treatment appears to be inconsistent with the claim submission or the patient's history. The cost is the patient's responsibility.
950	This treatment has been allowed in compliance with the EDI service guarantee. A clinical determination was not a consideration.
951	A Washington Dental Service claims examiner has determined this allowance based on information provided and/or the patient's history.
953	When I.V. sedation and general anesthesia are done on the same day, only one of the procedures is a covered benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
954	Cracked tooth syndrome.
956	The contract provides benefits for this procedure once in a three (3) year period. The cost is the patient's responsibility.
957	The contract provides benefits for this procedure once in a lifetime. The cost is the patient's responsibility.
962	The contract provides benefits for this procedure twice in a benefit period. The cost is the patient's responsibility.
963	This code and/or tooth number is more appropriate for the treatment performed.
967	The contract provides benefits for this procedure once in an eighteen (18) month period. The cost is the patient's responsibility.
968	The contract provides benefits for this procedure up to four (4) times in a benefit period. The cost is the patient's responsibility.
969	This procedure exceeds the contractual time limitation. The cost is the patient's responsibility.
970	I.V. sedation or general anesthesia is covered only when the provider has a current permit on file. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
971	This predetermination of benefits was processed at the applicable copayment level. The claim will be paid at the plan's dental accident rate if the treatment is completed within 180 days immediately following the date of the accident. Payment will not exceed the unused annual maximum.
972	The patient has not met the waiting period requirement for this procedure; therefore, the procedure is not a contract benefit. The cost is the patient's responsibility.
973	The procedure code submitted is an invalid ADA code. An appropriate code has been applied for processing purposes. To expedite claim processing, please use the new code when submitting for this procedure.
975	A consultation in connection with non-covered services is not a contract benefit. The cost is the patient's responsibility.
977	Palliative treatment is not a benefit when the same provider performs any other definitive treatment on the same date. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.

Policy Code	Policy Message
984	Treatment was not re-evaluated because there was no new information provided. Please resubmit the narrative and/or x-ray with the addition of new information for re-evaluation. The cost remains the patient's responsibility.
986	This medical-related procedure is not a benefit under the patient's dental plan. Services should be submitted to the patient's medical carrier.
988	The contract provides benefits for this procedure once in a benefit year. The cost is the patient's responsibility.
989	Benefit coverage for the treatment proposed cannot be determined until the patient has been examined by a Washington Dental Service regional dental consultant. Within a few days the patient will receive a letter of instruction for arranging this examination.
990	The contract provides benefits for this procedure once in a two (2) year period. The cost is the patient's responsibility.
991	The contract provides benefits for this procedure once in a two (2) year period when performed by the same provider. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
992	The contract provides benefits for this procedure once in a three (3) year period when performed by the same provider. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
993	The contract provides benefits for this procedure once in a five (5) year period. The cost is the patient's responsibility.
994	This procedure is only covered when performed in conjunction with other covered procedures. We have no indication in the patient's history of an associated procedure, or the associated procedure is not covered. The cost is the patient's responsibility.
995	Multiple procedures on this claim have been combined and processed under a more appropriate ADA procedure code for the treatment performed.
996	Additional benefits have been paid on this treatment due to your coordination of benefit savings.
997	The tooth, quadrant or arch indicated is not valid for the procedure code submitted. A benefit determination cannot be made. The cost is the patient's responsibility.
998	This procedure qualifies for payment under the extension of benefits clause in the group's contract.
999	This procedure appears to be a duplicate charge of another procedure listed on this claim. Participating dentists have agreed to charge the patient only the amount indicated as patient's responsibility.
1000	This procedure is not within the defined scope of the professional's specialty. The cost is the patient's responsibility.
1001	This procedure has been allowed based on information provided and/or the patient's history.
1002	Coordination of benefits has been calculated on the total approved amount of the claim. The amount paid by the primary carrier has been deducted. The total paid amount reflects the WDS payment responsibility for this claim.
1003	A repair or relin of an occlusal guard within six months of the initial placement by the same provider is considered part of the initial procedure and is not a separate benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1005	The provider's license is not effective for the treatment date(s) submitted. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1006	A predetermination of benefits is not valid if received after treatment has started. Our records show this treatment has already been initiated and submitted for payment; therefore this treatment cannot be predetermined. Please refer to the payment claim for an explanation of benefits.

Policy Code	Policy Message
1007	Claim adjusted - dental office requested procedure code change.
1008	The contract provides benefits for this procedure once in a four (4) year period. The cost is the patient's responsibility.
1009	A W-9 was not provided as requested from the dental office. A benefit determination cannot be made.
1010	Washington Dental Service is unable to make a benefit determination for this claim until the local Delta Plan adds the provider to the National Provider File. The provider must contact his or her home Delta Plan to have this information added prior to resubmitting the claim for processing.
1011	According to the Dental Quality Assurance Commission and the Washington State Licensing Board, the license number provided on this claim is not valid or has expired; therefore a benefit determination cannot be made. Upon receipt of additional information or a corrected claim, benefits for this treatment will be reconsidered.
1012	The procedure code submitted is not valid for the service provided. A benefit determination cannot be made. The cost is the patient's responsibility.
1013	This patient is a Delta Dental Patient Direct member. There are no benefits administered through Washing Dental Service for this plan; therefore, the treatment submitted is not eligible for payment. The cost is the patient's responsibility. Participating providers have agreed to limit charges based on the established SimpleAccess fee schedule.
1014	The description for this treatment does not match the submitted procedure code. A benefit determination cannot be made. The cost is the patient's responsibility.
1015	Remineralization
1016	Optional Treatment.
1017	WDS has received notification of a change in this patient's eligibility for dental benefits. A request to refund benefits paid for the services referenced during the ineligible period will be forthcoming.
1018	Some Washington Dental Service plans require the co-payment amount plus any lab fees associated with this procedure.
1019	The contract provides benefits for this procedure once in a seven (7) year period. The cost is the patient's responsibility.
1020	Removal of a fixed space maintainer by the same dentist who placed the appliance is not a benefit. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1021	The patient responsibility shows only the co-pay; the patient may be responsible for the difference in cost between the covered benefit and the optional treatment performed.
1022	The patient's responsibility has been deducted in accordance with the group contract. The submitted fee reflects Washington Dental Service's responsibility.
1023	Pedodontic services for children six (6) years and older are not a covered benefit. The cost is the patient's responsibility.
1024	The maximum allowance under this plan for an out-of-area emergency visit is \$100. The balance is the patient's responsibility.
1025	Prophylactic removal of impactions (asymptomatic, nonpathological) is not a covered benefit. The cost is the patient's responsibility.
1027	The treatment rendered requires a referral from a primary care physician. The cost is the patient's responsibility.
1028	For utilization purposes this procedure is viewed as optional treatment under the DeltaCare plan. The balance is the patient's responsibility.

Policy Code	Policy Message
1029	Extensive treatment plans involving 10 or more single crowns or fixed partial denture units are considered full-mouth reconstructions and are not a covered benefit. The cost is the patient's responsibility.
1030	Extensive treatment plans involving 10 or more single crowns or fixed partial denture units are considered full-mouth reconstructions and may involve annual treatment planning limitations.
1031	Extensive treatment plans involving 10 or more single crowns or fixed partial denture units are considered full-mouth reconstruction.
1032	The procedure submitted is considered part of the full-mouth reconstruction treatment and does not meet the criteria as a covered benefit. The cost is the patient's responsibility.
1033	Pedodontic services for children four (4) years and older are covered at 50% of authorized fee less any applicable co-payments for covered services.
1035	This treatment is not covered based on a DQAC restriction. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1036	THIS IS NOT A BILL. This is a record that you received care. The amount in the 'WDS Paid Your Provider' category will be subtracted from your annual plan maximum. If you have any questions, please call Washington Dental Service at 206-522-2300 or toll-free 1-800-554-1907.
1037	The procedure code submitted for this tooth is not valid based on the patient's history. The cost is the patient's responsibility.
1038	Currency conversion was based on the date the claim was received. For actual treatment rendered, conversion will be based on the treatment date.
1039	A benefit determination cannot be made in the absence of a detailed description of the drug/medicament provided. The cost is the patient's responsibility.
1040	Treatment that is covered under the capitation agreement cannot be predetermined.
1041	Miscellaneous code processed as Oral Health Assessment.
1042	Miscellaneous code processed as Remineralization benefit (antimicrobial rinse combined with fluoride).
1043	The contract provides benefits for this procedure once in a three (3) month period. The cost is the patient's responsibility.
1044	The contract provides benefits for an interim partial denture only when replacing anterior teeth. The cost is the patient's responsibility.
1045	This claim has been adjusted based on an internal review that indicated additional benefits were available.
1046	This claim was adjusted based on an internal review that revealed an overpayment. Due to the length of time elapsed since the payment was made, you will not receive a request for a refund.
1047	This procedure is part of the implant case rate. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1048	Preshent Fee Not Allowed. Assessment Value Missing.
1049	Preshent Fee Not Allowed. Invalid Assessment Value Provided.
1050	Preshent Fee Not Allowed. No Record of Oral Health Assessment.
1051	More than 60 minutes of anesthesia is disallowed in the absence of an anesthesia report. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1052	The description for this treatment has a valid CDT code and does not match the submitted procedure code. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility.
1053	Fee Not Allowed. Claim Requires Evaluation Exam, Assessment Comment with Assessment Code.
1054	Assessment Comment with Assessment Code Missing.

Policy Code	Policy Message
1055	The patient's deductible has been reduced by the amount of the primary carrier's deductible. The remaining deductible balance is the patient's responsibility.
1056	In the absence of the primary payment information, we have not coordinated benefits on this claim. WDS has paid the claim as the primary carrier.
1057	Coordination of benefits has been calculated based on the highest allowable expense between the primary and secondary carriers. Participating dentists have agreed to charge the patient only the amount indicated as the patient's responsibility
1058	In an attempt to coordinate benefits, a request has been sent to the member to determine the primary carrier. This claim is considered incomplete without additional information from the member and the explanation of benefits from the primary carrier, if WDS is the secondary payer. Upon receipt of that information, benefits for this treatment will be reconsidered.
1059	Please submit claims with treatment dates prior to January 1, 2010 for processing to: Sound Health & Wellness Trust, P.O. Box 2265, Seattle, WA 98111-2265
1060	Limited problem focused oral evaluations are covered twice in a benefit period. The cost is the patient's responsibility.
A	Eligibility Issue
B	Coordination of Benefits and/or dependent status
B01	Subscriber/patient address is required for claim payment. In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.
C	Provider information missing/invalid/incomplete
C1A	Subscriber name and Social Security number are required for claim payment. In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.
C1B	Patient's name and dependent birth date are required for claim payment. In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.
C1E	Dentist's physical address (not PO box) is required for claim payment. In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.
C1F	This procedure is benefited by report. A benefit determination cannot be made in the absence of a detailed description of services performed, including the tooth, quadrant or arch treated if applicable. The cost is the patient's responsibility.
C1G	The date and description of the accident is required to determine accident coverage. The treatment has been paid at the appropriate co-pay level. The balance is the patient's responsibility.
C1H	A benefit determination cannot be made in the absence of a submitted fee. The cost is the patient's responsibility.
C1J	Dentist's license number, tax ID, and Social Security number are required for claim payment. In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.
C1M	A benefit determination cannot be made in the absence of the surface(s) treated. The cost is the patient's responsibility.
C1N	A benefit determination cannot be made in the absence of a lab receipt (not lab prescription). The cost is the patient's responsibility.
C1R	A benefit determination cannot be made in the absence of an AAP Case Type. The cost is the patient's responsibility.
C1S	A benefit determination cannot be made in the absence of an x-ray, photo or narrative. The cost is the patient's responsibility.
C1W	This procedure is not a benefit unless there is evidence of prior periodontal treatment. The cost is the patient's responsibility.

Policy Code	Policy Message
C9A	A benefit determination cannot be made without all of the following information (1) starting (banding) date of orthodontic treatment, (2) total orthodontic case fee, estimated treatment time, initial payment amount and the monthly billing fee, (3) whether treatment is full treatment case or limited treatment case, (4) if full treatment case, indicate the number of phases, type of malocclusion, type of appliance(s) and whether extractions are necessary.
C9D	Our records indicate an orthodontic set-up is on file or completed for this patient. Set-ups processed on our system automatically generate claim payments according to the group's orthodontic payment plan. Submitting continuing orthodontic claims for this treatment is no longer required; it will be considered duplicate treatment.
C9F	A benefit determination cannot be made in the absence of a detailed description of the type of treatment or appliance(s). The cost is the patient's responsibility. Upon receipt of additional information or a corrected claim, benefits for this treatment will be reconsidered.
D	Subscriber/patient/group information missing/invalid/incomplete
D01	Benefit determination requires a perio chart with readings for the treated tooth/teeth dated no more than 12 months prior to the date of treatment. The cost is the patient's responsibility.
D1B	A benefit determination cannot be made in the absence of a valid tooth number, quadrant or arch treated. The cost is the patient's responsibility.
D1C	A benefit determination cannot be made in the absence of the treatment date or seat date. The cost is the patient's responsibility.
D1D	A benefit determination cannot be made in the absence of the tooth numbers involved in the occlusal adjustment. The cost is the patient's responsibility.
D1E	A benefit determination cannot be made in the absence of a pathology report. Participating providers have agreed to charge the patient only the amount indicated as the patient's responsibility.
D1F	This procedure is not a contract benefit unless there is evidence of prior endodontic treatment. The cost is the patient's responsibility.
D1G	A benefit determination cannot be made without the following information: (1) purpose of the occlusal guard, (2) AAP case type if available. The cost is the patient's responsibility.
D1H	A benefit determination cannot be made without all of the following information: (1) number of sites treated (2) adjacent tooth number(s) per site, (3) fee per site. The cost is the patient's responsibility.
D1I	The ADA definition for this code does not include entry and closure. A benefit determination cannot be made in the absence of a surgical procedure done in conjunction with this code. The cost is the patient's responsibility.
E	Treatment information missing/invalid/incomplete
E1B	Subscriber's Member ID is not on file. A benefit determination cannot be made. The cost is the patient's responsibility.
E1C	The subscriber and/or dependent is not eligible for benefits. The cost is the patient's responsibility.
E1E	This claim is considered incomplete without payment information from the primary plan. Upon receipt of the primary payment information, benefits for this treatment will be reconsidered.
E1F	A benefit determination cannot be made in the absence of the requested dependent verification. The cost is the patient's responsibility.
E1I	The group number submitted is invalid or the group has cancelled coverage. A benefit determination cannot be made. The cost is the patient's responsibility.
E1J	This plan does not allow dual coverage. The cost is the patient's responsibility.
E1M	The primary coverage is not eligible for the date of treatment. Secondary coverage is in process.

Policy Code	Policy Message
E1N	The subscriber and/or dependent is not eligible for orthodontic benefits. The cost is the patient's responsibility.
E1Q	Our records indicate this treatment has already been processed. In the absence of additional information, this is considered duplicate treatment. The amounts listed as patient responsibility do not reflect the amounts allowed or paid on the original claim. Please refer to the initial claim for the totals.
E1U	Patient does not meet dependent or student qualifications. The Cost is the patient's responsibility.
E1V	Subscriber's coverage does not include this patient. The cost is the patient's responsibility.
E1X	This group has discontinued its coverage with Washington Dental Service. Claim was not submitted within the contractual time limitation. No benefits are available. The cost is the patient's responsibility.
F	Documentation missing/invalid/incomplete
G	Clinical review required
H	Duplicate treatment
I	History violation
J	Orthodontic information missing/invalid/incomplete
K	Other
P01	The treating dentist's full name is required for claim payment (clinic name or initials cannot be used). In the absence of this information, a benefit determination cannot be made. The cost is the patient's responsibility.