

UnitedHealthcare Community Plan of Michigan Medicaid Dental Quick Reference Guide

Effective Jan. 1, 2026



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage.

To register for the Dental Hub, you will need a W-9 and a recently paid claim, or the registration code included in your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.



Prior authorization

UnitedHealthcare Dental Authorizations
P.O. Box 1484
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364
Salt Lake City, UT 84131



Provider services

Phone: **1-855-918-2265**

7 a.m. – 5 p.m. CST Monday–Friday (IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Claims

UnitedHealthcare Dental Claims
P.O. Box 1317
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 1337
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Dental
Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

Claims may be submitted electronically through your clearinghouse, the provider portal, or by mail.

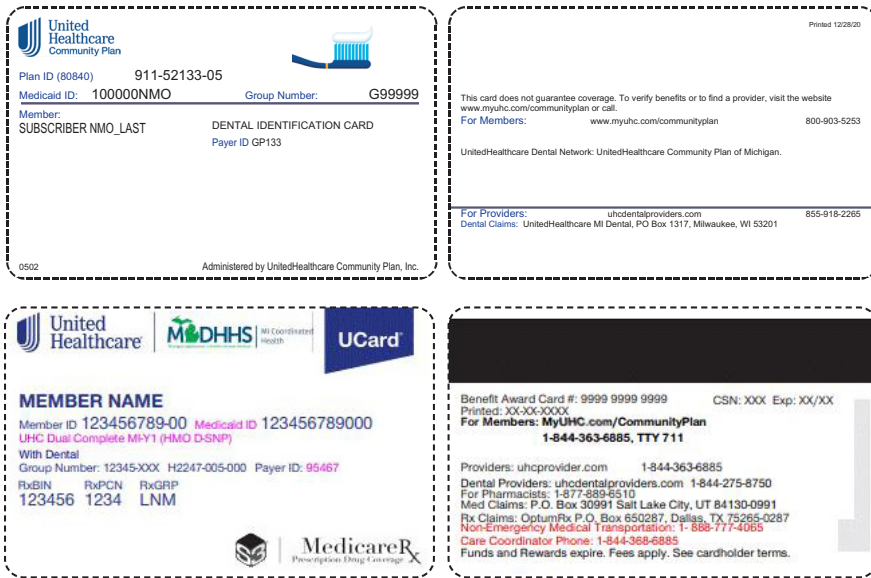
Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information. It is subject to change without notice. For current detailed benefit information, please visit the Dental Hub or call our Provider Services toll free number.



**Dental Benefit
Providers®**

Sample member ID cards



Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements; therefore, this Grid is subject to change. For the most updated member benefits, exclusions, and limitations please visit our website at UHCdental.com/medicaid.

Michigan Medicaid benefit grid

| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|-------------------------|---|----------------|--------------------|
| D0120 | Periodic Oral Exam | 19-999 | 1 per 6 months | | No | N/A |
| D0140 | Limited Oral Evaluation - Problem Focused | 19-999 | 2 per 1 month | | No | N/A |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | 19-999 | 1 per 6 months | | No | N/A |
| D0180 | Comprehensive periodontal evaluation | 19-999 | 1 per floating year | | No | N/A |
| D0191 | Assessment Of A Patient | 19-999 | 1 per 6 months | | No | N/A |
| D0210 | Intraoral - Comprehensive Series of Radiographic Images | 19-999 | 1 per 5 floating years | | No | N/A |
| D0220 | Intraoral - Periapical First Radiographic Image | 19-999 | 4 per 1 month | | No | N/A |
| D0230 | Intraoral - Periapical Each Additional Image | 19-999 | 12 per 1 floating years | | No | N/A |
| D0240 | Intraoral - Occlusal Radiographic Image | 19-21 | 2 per 3 floating years | | No | N/A |
| D0270 | Bitewing - Single Radiographic Image | 19-999 | 1 per 12 months | | No | N/A |
| D0272 | Bitewings - Two Radiographic Images | 19-999 | 1 per 12 months | | No | N/A |
| D0273 | Bitewings - Three Radiographic Images | 19-999 | 1 per 12 months | | No | N/A |
| D0274 | Bitewings - Four Radiographic Images | 19-999 | 1 per 12 months | | No | N/A |
| D0330 | Panoramic Radiographic Image | 19-999 | 1 per 5 floating years | | No | N/A |
| D1110 | Prophylaxis - Adult | 19-999 | 1 per 6 months | | No | N/A |
| D1206 | Topical Application Of Fluoride Varnish | 19-21 | 1 per 6 months | | No | N/A |
| D1208 | Topical Application of Fluoride | 19-21 | 1 per 6 months | | No | N/A |
| D1351 | Sealant - Per Tooth | 19-999 | 1 per 3 floating years | Tooth: 2-5,12-15,18-21, 28-31, A, B, I, J, K, L, S, T | No | N/A |



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| D1354 | Interim Caries Arresting Medicament Application - per tooth | 19-999 | 1 per 1 day | Tooth: 01-32, A-T | No | N/A |
| D2140 | Amalgam - One Surface, Primary Or Permanent | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2330 | Resin-Based Composite - One Surface, Anterior | 19-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | 19-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | 19-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2335 | Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle | 19-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2390 | Resin-Based Composite Crown, Anterior | 19-999 | 1 per 5 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2391 | Resin-Based Composite - One Surface, Posterior | 19-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | 19-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | 19-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2394 | Resin-Based Composite - Four Or More Surfaces, Posterior | 19-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2710 | Crown - Resin-Based Composite (Indirect) | 19-999 | 1 per 5 floating years | Tooth: 06-11, 22-27 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2712 | Crown - 3/4 Resin-Based Composite (Indirect) | 19-999 | 1 per 5 floating years | Tooth: 06-11, 22-27 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| D2722 | Crown - Resin With Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2740 | Crown - Porcelain/Ceramic | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2750 | Crown - Porcelain Fused To High Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| D2752 | Crown - Porcelain Fused To Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2753 | Crown - Porcelain Fused To Titanium And Titanium Alloys | 19-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2780 | Crown - 3/4 Cast High Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| D2782 | Crown - 3/4 Cast Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2783 | Crown - 3/4 Porcelain/Ceramic | 19-999 | 1 per 5 floating years | Tooth: 4-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2790 | Crown - Full Cast High Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2791 | Crown - Full Cast Predominantly Base Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| D2792 | Crown - Full Cast Noble Metal | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2794 | crown - titanium and titanium alloys | 19-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2910 | Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration | 19-999 | 1 per 6 months | Tooth: 01-32 | No | N/A |
| D2915 | Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre- Fabricated Post and Core | 19-21 | 1 per 6 months | Tooth: 01-32 | No | N/A |
| D2920 | Re-Cement or Re-Bond Crown | 19-999 | 1 per 6 months | Tooth: 01-32, A-T | No | N/A |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | 19-21 | 1 per 2 floating years | Tooth: A-T | No | N/A |
| D2931 | prefabricated stainless steel crown - permanent tooth | 19-21 | 1 per 2 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | 19-21 | 1 per 2 floating years | Tooth: C-H, M-R | No | N/A |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | 19-21 | 1 per 2 floating years | Tooth: A-T | No | N/A |
| D2940 | Protective Restoration | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2950 | Core Buildup, Including Any Pins When Required | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2951 | Pin Retention - Per Tooth, In Addition To Restoration | 19-999 | 1 per 2 floating years | Tooth: 01-32 | No | N/A |



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|-------|--|------------|------------------------|-----------------------------------|----------------|--|
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | 19-999 | 1 per 5 floating years | Tooth: 01-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Narrative indicating completed root canal therapy •Recomendend: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2954 | Prefabricated Post And Core In Addition To Crown | 19-999 | 1 per 2 floating years | Tooth: 01-32, A-T | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Narrative indicating completed root canal therapy •Recomendend: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2999 | Unspecified Restorative Procedure, By Report | 19-999 | | | Yes | <ul style="list-style-type: none"> •Reason treatment was not completed •Itemized statement/ invoice of lab bill |
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | 19-21 | 1 per lifetime | Tooth: 01-32, A-T | No | N/A |
| D3222 | Partial Pulpotomy For Apexogenesis - Permanent Tooth | 19-21 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | 19-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3320 | Endodontic Therapy Premolar Tooth (Excluding Final Restoration) | 19-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3330 | Endodontic Therapy, Molar tooth (Excluding Final Restoration) | 19-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | 19-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3347 | Retreatment Of Previous Root Canal Therapy - Premolar | 19-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | 19-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3410 | Apicoectomy - Anterior | 19-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3421 | Apicoectomy - Premolar (First Root) | 19-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3425 | Apicoectomy - Molar (First Root) | 19-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3426 | Apicoectomy - Each Additional Root) | 19-999 | 1 per lifetime | Tooth: 01-05, 12-21, 28-32 | No | N/A |
| D3430 | Retrograde Filling - Per Root | 19-999 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D3999 | Unspecified Endodontic Procedure, By Report | 19-999 | | Tooth: 01-32, A-T | Yes | Date of service and Narrative including Reason treatment was not completed |



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|-------|--|------------|--------------------------|--------------------------|----------------|--|
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | 19-999 | 1 per code every 2 years | Quadrant: LL, LR, UL, UR | Yes | Periodontal charting and pre-op x-rays |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | 19-999 | 1 per code every 2 years | Quadrant: LL, LR, UL, UR | Yes | Periodontal charting and pre-op x-rays |
| D4346 | Scaling in moderate or severe gingival inflammation | 19-999 | 1 per 6 months | | No | N/A |
| D4355 | Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno | 19-999 | 1 per floating year | | No | N/A |
| D4910 | Periodontal Maintenance | 19-999 | 1 per 6 months | | No | N/A |
| D5110 | Complete Denture - Maxillary | 19-999 | 1 per 5 floating years | | No | N/A |
| D5120 | Complete Denture - Mandibular | 19-999 | 1 per 5 floating years | | No | N/A |
| D5130 | Immediate Denture - Maxillary | 19-999 | 1 per 5 floating years | | No | N/A |
| D5140 | Immediate Denture - Mandibular | 19-999 | 1 per 5 floating years | | No | N/A |
| D5211 | Maxillary Partial Denture - Resin Base | 19-999 | 1 per 5 floating years | | No | N/A |
| D5212 | Mandibular Partial Denture - Resin Base | 19-999 | 1 per 5 floating years | | No | N/A |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases | 19-999 | 1 per 5 floating years | | No | N/A |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases | 19-999 | 1 per 5 floating years | | No | N/A |
| D5225 | maxillary partial denture - flexible base (including any retentive clasping mate | 19-999 | 1 per 5 floating years | | No | N/A |
| D5226 | mandibular partial denture - flexible base (including any retentive clasping mat | 19-999 | 1 per 5 floating years | | No | N/A |
| D5410 | Adjust Complete Denture - Maxillary | 19-999 | 2 per 1 floating years | | No | N/A |
| D5411 | Adjust Complete Denture - Mandibular | 19-999 | 2 per 1 floating years | | No | N/A |
| D5421 | Adjust Partial Denture - Maxillary | 19-999 | 2 per 1 floating years | | No | N/A |
| D5422 | Adjust Partial Denture - Mandibular | 19-999 | 2 per 1 floating years | | No | N/A |
| D5511 | Repair Broken Complete Denture Base - Mandibular | 19-999 | 2 per 1 floating years | | No | N/A |
| D5512 | Repair Broken Complete Denture Base - Maxillary | 19-999 | 2 per 1 floating years | | No | N/A |
| D5520 | Replace Missing Or Broken Teeth - Complete Denture (Each Tooth) | 19-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5611 | Repair Resin Partial Denture Base - Mandibular | 19-999 | 2 per 1 floating years | | No | N/A |
| D5612 | Repair Resin Partial Denture Base - Maxillary | 19-999 | 2 per 1 floating years | | No | N/A |
| D5621 | Repair Cast Partial Framework - Mandibular | 19-999 | 2 per 1 floating years | | No | N/A |
| D5622 | Repair Cast Partial Framework - Maxillary | 19-999 | 2 per 1 floating years | | No | N/A |
| D5630 | Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth | 19-999 | 2 per 1 floating years | Tooth: 01-32, A-T | No | N/A |
| D5640 | Replace Broken Teeth - Per Tooth | 19-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5650 | Add Tooth To Existing Partial Denture | 19-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5660 | Add Clasp To Existing Partial Denture - Per Tooth | 19-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5710 | Rebase Complete Maxillary Denture | 19-999 | 1 per 2 floating years | | No | N/A |
| D5711 | Rebase Complete Mandibular Denture | 19-999 | 1 per 2 floating years | | No | N/A |
| D5720 | Rebase Maxillary Partial Denture | 19-999 | 1 per 2 floating years | | No | N/A |
| D5721 | Rebase Mandibular Partial Denture | 19-999 | 1 per 2 floating years | | No | N/A |
| D5730 | reline complete maxillary denture (direct) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5731 | reline complete mandibular denture (direct) | 19-999 | 1 per 2 floating years | | No | N/A |



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| D5740 | reline maxillary partial denture (direct) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5741 | reline mandibular partial denture (direct) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5750 | reline complete maxillary denture (indirect) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5751 | reline complete mandibular denture (indirect) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5760 | reline maxillary partial denture (indirect) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5761 | reline mandibular partial denture (indirect) | 19-999 | 1 per 2 floating years | | No | N/A |
| D5899 | Unspecified Removable Prosthodontic Procedure, By Report | 19-999 | | Arch: LA, UA | Yes | Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs |
| D6930 | Re-Cement Or Re-Bond Fixed Partial Denture | 19-999 | | Tooth: 01-32 | No | N/A |
| D7111 | Extraction, Coronal Remnants - Primary Tooth | 19-21 | 1 per lifetime | Tooth: AS-TS, A-T | No | N/A |
| D7140 | Extraction, Erupted Tooth Or Exposed Root | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7210 | Extraction, Erupted Tooth | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7230 | Removal Of Impacted Tooth - Partially Bony | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7240 | Removal Of Impacted Tooth - Completely Bony | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7250 | Removal Of Residual Tooth (Cutting Procedure) | 19-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7260 | Oroantral Fistula Closure | 19-999 | 1 per lifetime | | No | N/A |
| D7261 | Primary Closure Of Sinus Perforation | 19-999 | 1 per lifetime | | No | N/A |
| D7270 | Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth | 19-21 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D7310 | Alveoplasty In Conjunction With Extractions - Four Or More Teeth | 19-999 | 1 per lifetime | Quadrant: LL, LR, UL, UR | No | N/A |
| D7320 | Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth | 19-999 | 1 per 5 floating years | Quadrant: LL, LR, UL, UR | No | N/A |
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | 19-999 | 1 per lifetime | Arch: LA, UA | No | N/A |
| D7472 | Removal Of Torus Palatinus | 19-999 | 1 per lifetime | | No | N/A |
| D7473 | Removal Of Torus Mandibularis | 19-999 | 1 per lifetime | | No | N/A |
| D7485 | Reduction Of Osseous Tuberosity | 19-999 | 1 per lifetime | | No | N/A |
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | 19-999 | 1 per day per tooth | | No | N/A |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | 19-999 | 1 per 2 floating years | Arch: LA, UA | No | N/A |
| D7971 | Excision Of Pericoronal Gingiva | 19-999 | 1 per 2 floating years | Tooth: 01-32 | No | N/A |
| D7972 | Surgical Reduction Of Fibrous Tuberosity | 19-999 | 1 per 2 floating years | | No | N/A |
| D7999 | Unspecified Oral Surgery Procedure, By Report | 19-999 | | | Yes | Narrative of medical necessity |
| D9110 | Palliative (Emergency) Treatment Of Dental Pain - Per Visit | 19-21 | 1 per 1 day | | No | N/A |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | 19-999 | 1 per 1 day | | No | N/A |
| D9223 | Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment | 19-999 | | | No | N/A |



Michigan Medicaid benefit grid

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|-------|--|------------|----------------------|------------------|----------------|--------------------------------|
| D9239 | Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes | 19-999 | 1 per 1 day | | No | N/A |
| D9243 | Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute | 19-999 | | | No | N/A |
| D9310 | Consultation - Diagnostic Service Provided By Dentist Or Physician | 19-999 | | | No | N/A |
| D9420 | Hospital Or Ambulatory Surgical Center Call | 19-999 | 1 per 6 months | | No | N/A |
| D9930 | Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report | 19-999 | 1 per 1 day | | No | N/A |
| D9995 | Teledentistry - Synchronous; Real-Time Encounter | 19-999 | 2 per floating year | | | |
| D9996 | Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist | 19-999 | 2 per floating year | | | |
| D9999 | Unspecified Adjunctive Procedure, By Report | 19-999 | | | Yes | Narrative of medical necessity |

MI Integrated HIDE SNP benefit grid

| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|---|------------|-------------------------|--|----------------|--------------------|
| D0120 | Periodic Oral Exam | 21-999 | 1 per 6 months | | No | N/A |
| D0140 | Limited Oral Evaluation - Problem Focused | 21-999 | 2 per 1 month | | No | N/A |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | 21-999 | 1 per 6 months | | No | N/A |
| D0180 | Comprehensive periodontal evaluation | 21-999 | 1 per floating year | | No | N/A |
| D0191 | Assessment Of A Patient | 21-999 | 1 per 6 months | | No | N/A |
| D0210 | Intraoral - Comprehensive Series of Radiographic Images | 21-999 | 1 per 5 floating years | | No | N/A |
| D0220 | Intraoral - Periapical First Radiographic Image | 21-999 | 4 per 1 month | | No | N/A |
| D0230 | Intraoral - Periapical Each Additional Image | 21-999 | 12 per 1 floating years | | No | N/A |
| D0240 | Intraoral - Occlusal Radiographic Image | 21 | 2 per 3 floating years | | No | N/A |
| D0270 | Bitewing - Single Radiographic Image | 21-999 | 1 per 12 months | | No | N/A |
| D0272 | Bitewings - Two Radiographic Images | 21-999 | 1 per 12 months | | No | N/A |
| D0273 | Bitewings - Three Radiographic Images | 21-999 | 1 per 12 months | | No | N/A |
| D0274 | Bitewings - Four Radiographic Images | 21-999 | 1 per 12 months | | No | N/A |
| D0330 | Panoramic Radiographic Image | 21-999 | 1 per 5 floating years | | No | N/A |
| D1110 | Prophylaxis - Adult | 21-999 | 1 per 6 months | | No | N/A |
| D1206 | Topical Application Of Fluoride Varnish | 21 | 1 per 6 months | | No | N/A |
| D1208 | Topical Application of Fluoride | 21 | 1 per 6 months | | No | N/A |
| D1351 | Sealant - Per Tooth | 21-999 | 1 per 3 floating years | Tooth: 2-5,12-15, 18-21, 28-31, A, B, I, J, K, L, S, T | No | N/A |
| D1354 | Interim Caries Arresting Medicament Application - per tooth | 21-999 | 1 per 1 day | Tooth: 01-32, A-T | No | N/A |
| D2140 | Amalgam - One Surface, Primary Or Permanent | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|------------------------|---|----------------|---|
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2330 | Resin-Based Composite - One Surface, Anterior | 21-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | 21-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | 21-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2335 | Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle | 21-999 | 1 per 2 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2390 | Resin-Based Composite Crown, Anterior | 21-999 | 1 per 5 floating years | Tooth: 06-11, 22-27, C-H, M-R | No | N/A |
| D2391 | Resin-Based Composite - One Surface, Posterior | 21-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | 21-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | 21-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2394 | Resin-Based Composite - Four Or More Surfaces, Posterior | 21-999 | 1 per 2 floating years | Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T | No | N/A |
| D2710 | Crown - Resin-Based Composite (Indirect) | 21-999 | 1 per 5 floating years | Tooth: 6-11, 22-27 only | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2712 | Crown - 3/4 Resin-Based Composite (Indirect) | 21-999 | 1 per 5 floating years | Tooth: 6-11, 22-27 only | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2722 | Crown - Resin With Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|---|------------|------------------------|---------------------|----------------|---|
| D2740 | Crown - Porcelain/Ceramic | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2750 | Crown - Porcelain Fused To High Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2752 | Crown - Porcelain Fused To Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|---|------------|------------------------|--------------------------|----------------|---|
| D2753 | Crown - Porcelain Fused To Titanium And Titanium Alloys | 21-999 | 1 per 5 floating years | Tooth: 04-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2780 | Crown - 3/4 Cast High Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2782 | Crown - 3/4 Cast Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|------------------------|--------------------------|----------------|---|
| D2783 | Crown - 3/4 Porcelain/Ceramic | 21-999 | 1 per 5 floating years | Tooth: 4-13, 20-29 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2790 | Crown - Full Cast High Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2791 | Crown - Full Cast Predominantly Base Metal | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2792 | Crown - Full Cast Noble Metal | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|------------------------|--------------------------|----------------|---|
| D2794 | crown - titanium and titanium alloys | 21-999 | 1 per 5 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; Rationale for replacement of existing crowns, if applicable |
| D2910 | Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration | 21-999 | 1 per 6 months | Tooth: 01-32 | No | N/A |
| D2915 | Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre- Fabricated Post and Core | 21 | 1 per 6 months | Tooth: 01-32 | No | N/A |
| D2920 | Re-Cement or Re-Bond Crown | 21-999 | 1 per 6 months | Tooth: 01-32, A-T | No | N/A |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | 21 | 1 per 2 floating years | Tooth: A-T | No | N/A |
| D2931 | prefabricated stainless steel crown - permanent tooth | 21 | 1 per 2 floating years | Tooth: 1-3, 14-19, 30-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | 21 | 1 per 2 floating years | Tooth: C-H, M-R | No | N/A |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | 21 | 1 per 2 floating years | Tooth: A-T | No | N/A |
| D2940 | Protective Restoration | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | No | N/A |
| D2950 | Core Buildup, Including Any Pins When Required | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Recommended: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2951 | Pin Retention - Per Tooth, In Addition To Restoration | 21-999 | 1 per 2 floating years | Tooth: 01-32 | No | N/A |
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | 21-999 | 1 per 5 floating years | Tooth: 01-32 | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Narrative indicating completed root canal therapy •Recomendend: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |



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| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|--------------------------|-----------------------------------|----------------|--|
| D2954 | Prefabricated Post And Core In Addition To Crown | 21-999 | 1 per 2 floating years | Tooth: 01-32, A-T | Yes | <ul style="list-style-type: none"> •Required: Current dated pre-operative radiograph of tooth •Narrative indicating completed root canal therapy •Recomendend: Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2999 | Unspecified Restorative Procedure, By Report | 21-999 | | | Yes | <ul style="list-style-type: none"> •Reason treatment was not completed •Itemized statement/invoice of lab bill |
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | 21 | 1 per lifetime | Tooth: 01-32, A-T | No | N/A |
| D3222 | Partial Pulpotomy For Apexogenesis - Permanent Tooth | 21 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | 21-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3320 | Endodontic Therapy Premolar Tooth (Excluding Final Restoration) | 21-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3330 | Endodontic Therapy, Molar tooth (Excluding Final Restoration) | 21-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | 21-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3347 | Retreatment Of Previous Root Canal Therapy - Premolar | 21-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | 21-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3410 | Apicoectomy - Anterior | 21-999 | 1 per lifetime | Tooth: 06-11, 22-27 | No | N/A |
| D3421 | Apicoectomy - Premolar (First Root) | 21-999 | 1 per lifetime | Tooth: 04-05, 12-13, 20-21, 28-29 | No | N/A |
| D3425 | Apicoectomy - Molar (First Root) | 21-999 | 1 per lifetime | Tooth: 01-03, 14-19, 30-32 | No | N/A |
| D3426 | Apicoectomy - Each Additional Root) | 21-999 | 1 per lifetime | Tooth: 01-05, 12-21, 28-32 | No | N/A |
| D3430 | Retrograde Filling - Per Root | 21-999 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D3999 | Unspecified Endodontic Procedure, By Report | 21-999 | | Tooth: 01-32, A-T | Yes | Date of service and Narrative including Reason treatment was not completed |
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | 21-999 | 1 per code every 2 years | Quadrant: LL, LR, UL, UR | Yes | Periodontal charting and pre- op x-rays |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | 21-999 | 1 per code every 2 years | Quadrant: LL, LR, UL, UR | Yes | Periodontal charting and pre- op x-rays |
| D4346 | Scaling in moderate or severe gingival inflammation | 21-999 | 1 per 6 months | | No | N/A |
| D4355 | Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno | 21-999 | 1 per floating year | | No | N/A |
| D4910 | Periodontal Maintenance | 21-999 | 1 per 6 months | | No | N/A |
| D5110 | Complete Denture - Maxillary | 21-999 | 1 per 5 floating years | | No | N/A |
| D5120 | Complete Denture - Mandibular | 21-999 | 1 per 5 floating years | | No | N/A |



MI Integrated HIDE SNP benefit grid

| Code | Description | Age limits | Frequency/ limitation | Other limitation | Auth required? | Required documents |
|-------|--|------------|------------------------|-------------------|----------------|---|
| D5130 | Immediate Denture - Maxillary | 21-999 | 1 per 5 floating years | | No | N/A |
| D5140 | Immediate Denture - Mandibular | 21-999 | 1 per 5 floating years | | No | N/A |
| D5211 | Maxillary Partial Denture - Resin Base | 21-999 | 1 per 5 floating years | | No | N/A |
| D5212 | Mandibular Partial Denture - Resin Base | 21-999 | 1 per 5 floating years | | No | N/A |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases | 21-999 | 1 per 5 floating years | | No | N/A |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases | 21-999 | 1 per 5 floating years | | No | N/A |
| D5225 | maxillary partial denture - flexible base (including any retentive clasping mate | 21-999 | 1 per 5 floating years | | No | N/A |
| D5226 | mandibular partial denture - flexible base (including any retentive clasping mat | 21-999 | 1 per 5 floating years | | No | N/A |
| D5410 | Adjust Complete Denture - Maxillary | 21-999 | 2 per 1 floating years | | No | N/A |
| D5411 | Adjust Complete Denture - Mandibular | 21-999 | 2 per 1 floating years | | No | N/A |
| D5421 | Adjust Partial Denture - Maxillary | 21-999 | 2 per 1 floating years | | No | N/A |
| D5422 | Adjust Partial Denture - Mandibular | 21-999 | 2 per 1 floating years | | No | N/A |
| D5511 | Repair Broken Complete Denture Base - Mandibular | 21-999 | 2 per 1 floating years | | No | N/A |
| D5512 | Repair Broken Complete Denture Base - Maxillary | 21-999 | 2 per 1 floating years | | No | N/A |
| D5520 | Replace Missing Or Broken Teeth - Complete Denture (Each Tooth) | 21-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5611 | Repair Resin Partial Denture Base - Mandibular | 21-999 | 2 per 1 floating years | | No | N/A |
| D5612 | Repair Resin Partial Denture Base - Maxillary | 21-999 | 2 per 1 floating years | | No | N/A |
| D5621 | Repair Cast Partial Framework - Mandibular | 21-999 | 2 per 1 floating years | | No | N/A |
| D5622 | Repair Cast Partial Framework - Maxillary | 21-999 | 2 per 1 floating years | | No | N/A |
| D5630 | Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth | 21-999 | 2 per 1 floating years | Tooth: 01-32, A-T | No | N/A |
| D5640 | Replace Broken Teeth - Per Tooth | 21-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5650 | Add Tooth To Existing Partial Denture | 21-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5660 | Add Clasp To Existing Partial Denture - Per Tooth | 21-999 | 2 per 1 floating years | Tooth: 01-32 | No | N/A |
| D5710 | Rebase Complete Maxillary Denture | 21-999 | 1 per 2 floating years | | No | N/A |
| D5711 | Rebase Complete Mandibular Denture | 21-999 | 1 per 2 floating years | | No | N/A |
| D5720 | Rebase Maxillary Partial Denture | 21-999 | 1 per 2 floating years | | No | N/A |
| D5721 | Rebase Mandibular Partial Denture | 21-999 | 1 per 2 floating years | | No | N/A |
| D5730 | reline complete maxillary denture (direct) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5731 | reline complete mandibular denture (direct) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5740 | reline maxillary partial denture (direct) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5741 | reline mandibular partial denture (direct) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5750 | reline complete maxillary denture (indirect) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5751 | reline complete mandibular denture (indirect) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5760 | reline maxillary partial denture (indirect) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5761 | reline mandibular partial denture (indirect) | 21-999 | 1 per 2 floating years | | No | N/A |
| D5899 | Unspecified Removable Prosthodontic Procedure, By Report | 21-999 | | Arch: LA, UA | Yes | Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs |
| D6930 | Re-Cement Or Re-Bond Fixed Partial Denture | 21-999 | | Tooth: 01-32 | No | N/A |



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|-------|--|------------|------------------------|---------------------------|----------------|--------------------------------|
| D7111 | Extraction, Coronal Remnants - Primary Tooth | 21 | 1 per lifetime | Tooth: AS-TS, A-T | No | N/A |
| D7140 | Extraction, Erupted Tooth Or Exposed Root | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7210 | Extraction, Erupted Tooth | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7230 | Removal Of Impacted Tooth - Partially Bony | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7240 | Removal Of Impacted Tooth - Completely Bony | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7250 | Removal Of Residual Tooth (Cutting Procedure) | 21-999 | 1 per lifetime | Tooth: 01-32, 51-82, A-TS | No | N/A |
| D7260 | Oroantral Fistula Closure | 21-999 | 1 per lifetime | | No | N/A |
| D7261 | Primary Closure Of Sinus Perforation | 21-999 | 1 per lifetime | | No | N/A |
| D7270 | Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth | 21 | 1 per lifetime | Tooth: 01-32 | No | N/A |
| D7310 | Alveoplasty In Conjunction With Extractions - Four Or More Teeth | 21-999 | 1 per lifetime | Quadrant: LL, LR, UL, UR | No | N/A |
| D7320 | Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth | 21-999 | 1 per 5 floating years | Quadrant: LL, LR, UL, UR | No | N/A |
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | 21-999 | 1 per lifetime | Arch: LA, UA | No | N/A |
| D7472 | Removal Of Torus Palatinus | 21-999 | 1 per lifetime | | No | N/A |
| D7473 | Removal Of Torus Mandibularis | 21-999 | 1 per lifetime | | No | N/A |
| D7485 | Reduction Of Osseous Tuberosity | 21-999 | 1 per lifetime | | No | N/A |
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | 21-999 | 1 per day per tooth | | No | N/A |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | 21-999 | 1 per 2 floating years | Arch: LA, UA | No | N/A |
| D7971 | Excision Of Pericoronal Gingiva | 21-999 | 1 per 2 floating years | Tooth: 01-32 | No | N/A |
| D7972 | Surgical Reduction Of Fibrous Tuberosity | 21-999 | 1 per 2 floating years | | No | N/A |
| D7999 | Unspecified Oral Surgery Procedure, By Report | 21-999 | | | Yes | Narrative of medical necessity |
| D9110 | Palliative (Emergency) Treatment Of Dental Pain - Per Visit | 21 | 1 per 1 day | | No | N/A |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | 21-999 | 1 per 1 day | | No | N/A |
| D9223 | Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment | 21-999 | | | No | N/A |
| D9239 | Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes | 21-999 | 1 per 1 day | | No | N/A |
| D9243 | Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute | 21-999 | | | No | N/A |
| D9310 | Consultation - Diagnostic Service Provided By Dentist Or Physician | 21-999 | | | No | N/A |
| D9420 | Hospital Or Ambulatory Surgical Center Call | 21-999 | 1 per 6 months | | No | N/A |
| D9930 | Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report | 21-999 | 1 per 1 day | | No | N/A |
| D9995 | Teledentistry - Synchronous; Real-Time Encounter | 21-999 | 2 per floating year | | No | N/A |
| D9996 | Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist | 21-999 | 2 per floating year | | No | N/A |



MI Integrated HIDE SNP benefit grid

| Code | Description | Age limits | Frequency/limitation | Other limitation | Auth required? | Required documents |
|-------|---|------------|----------------------|------------------|----------------|--------------------------------|
| D9999 | Unspecified Adjunctive Procedure, By Report | 21-999 | | | Yes | Narrative of medical necessity |



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