

UnitedHealthcare Community Plan of Minnesota Medicaid Dental Quick Reference Guide

Effective: January 1, 2024



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 information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.



Prior authorization

UnitedHealthcare Dental
Authorizations
PO Box 370
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
PO Box 1291
Milwaukee, WI 53201

Toll-free: **1-866-547-0809**



Provider services

Phone: **1-866-547-0809**

8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)

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



Claims

UnitedHealthcare Dental Claims

PO Box 728
Milwaukee, WI 53201

EDI Payer ID

GP133

Corrected claims

UnitedHealthcare Dental Corrected
Claims
PO Box 481
Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, online via the Dental Hub or via the mailing addresses here.


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 contact our Provider Services toll free number.



**Dental Benefit
Providers®**

Sample member ID card

		Printed 03/29/21
Plan ID (80840)	911-52133-05	
Member ID: 100000002	Group Number: G99999	
Member:		
SUBSCRIBER LASTNAME	DENTAL IDENTIFICATION CARD	
	Payer ID GP133	Effective Date: 07/01/2021
Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the web site or call. For Members: uhc.com/URL 866-847-3266		
24-Hours a Day for Urgent or Emergent Care Call Your Dentist or Member Services at 866-375-3257.		
For Providers: uhcproviders.com 866-221-6152 Mail Claims - PO Box 138, Milwaukee, WI 53201		
0502	Product ID XXXXX	
Operated by Dental Benefit Providers, Inc.		

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 up-to-date IHCP covered services may be found at UHCdental.com/medicaid.

Code	Description	Age limit	Limits	Prior auth required	Required documentation
D0120	Periodic Oral Exam	All	1 every Accum Year	No	
D0140	Limited Oral Evaluation - Problem Focused	All	1 every Day	No	
D0145	Oral Evaluation, Patient Under Three	Ages 0-2	1 every Lifetime	No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	All	1 every 5 Years	No	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	All	1 every 6 Months	No	
D0170	Re-Evaluation - Limited, Problem Focused	All	1 every Day	No	
D0180	Comprehensive periodontal evaluation	All	1 every 6 Months	No	
D0210	Intraoral - Comprehensive Series of Radiographic Images	All	1 every 5 Years	No	
D0220	Intraoral - Periapical First Radiographic Image	All	4 every Day	No	
D0230	Intraoral - Periapical Each Additional Image	All	4 every Day	No	
D0240	Intraoral - Occlusal Radiographic Image	All	4 every Day	No	
D0250	Extraoral - 2D Projection Radiographic image	All	4 every Day	No	
D0270	Bitewing - Single Radiographic Image	All	1 every Accum Year	No	
D0272	Bitewings - Two Radiographic Images	All	1 every Accum Year	No	
D0273	Bitewings - Three Radiographic Images	All	1 every Accum Year	No	
D0274	Bitewings - Four Radiographic Images	All	1 every Accum Year	No	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	All	1 every Accum Year	No	
D0322	Tomographic Survey	All	1 every 5 Years	No	
D0330	Panoramic Radiographic Image	All	1 every 5 Years	No	
D0340	2D Cephalometric Radiographic Image	All	1 every 5 Years	No	
D0350	Oral/Facial Photographic Images	All	1 every 3 Years	No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	All	1 every 5 Accum Years	No	
D0373	intraoral tomosynthesis - bitewing radiographic image	All	8 every Accum Year	No	
D0374	intraoral tomosynthesis - periapical radiographic image	All	4 every Day	No	
D0415	Collection Of Microorganisms For Culture And Sensitivity	All	1 every 3 Years	No	
D0416	Viral Culture	All	1 every 3 Years	No	
D0425	Caries Susceptibility Tests	All	1 every 3 Years	No	
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	All	1 every 3 Years	No	
D0460	Pulp Vitality Tests	All	1 every Lifetime	No	
D0470	Diagnostic Casts	All	1 every Lifetime	No	
D0502	Other Pathology Procedures, By Report	All	1 every 3 Years	No	
D0999	Unspecified Diagnostic Procedures, By Report	All	1 every 3 Years	No	
D1110	Prophylaxis - Adult	All	4 every Accum Year	No	
D1120	Prophylaxis - Child	All	4 every Accum Year	No	
D1206	Topical Application Of Fluoride Varnish	All	2 every Accum Year	No	
D1208	Topical Application of Fluoride	All	2 every Accum Year	No	
D1301	immunization counseling	All	1 every Accum Year	No	
D1310	Nutritional Counseling For Control Of Dental Disease	All	1 every Accum Year	No	
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	All	1 every Accum Year	No	
D1321	counseling for the control and prevention of adverse oral, behavioral, and syste	All	1 every Accum Year	No	
D1330	Oral Hygiene Instructions	All	1 every Accum Year	No	
D1351	Sealant - Per Tooth	All	1 per tooth every 5 Accum Years	No	
D1352	Preventive Resin Restoration	All	1 per tooth every 5 Years	No	
D1354	Interim Caries Arresting Medicament Application - per tooth	All	1 per tooth every 6 Months	No	
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	All	1 per quadrant every Lifetime	No	
D1516	Space Maintainer - Fixed - Bilateral, maxillary	All	1 per tooth every Lifetime	No	
D1517	Space Maintainer - Fixed - Bilateral, mandibular	All	1 per tooth every Lifetime	No	
D1520	Space Maintainer - Removable - Unilateral - per quadrant	All	1 per quadrant every Lifetime	No	
D1526	Space Maintainer - Removable - Bilateral, maxillary	All	1 per tooth every Lifetime	No	
D1527	Space Maintainer - Removable - Bilateral, mandibular	All	1 per tooth every Lifetime	No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	All	1 every Lifetime	No	
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	All	1 every Lifetime	No	
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	All	1 per quadrant every Lifetime	No	
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	All	1 per quadrant every Lifetime	No	
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary	All	1 every Lifetime	No	
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular	All	1 every Lifetime	No	
D1575	Distal shoe space maintainer - fixed - per quadrant	All	1 per quadrant every Lifetime	No	
D2140	Amalgam - One Surface, Primary Or Permanent	All	1 per tooth every 90 Days	No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	All	1 per tooth every 90 Days	No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	All	1 per tooth every 90 Days	No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	All	1 per tooth every 90 Days	No	
D2330	Resin-Based Composite - One Surface, Anterior	All	1 per tooth every 90 Days	No	
D2331	Resin-Based Composite - Two Surfaces, Anterior	All	1 per tooth every 90 Days	No	
D2332	Resin-Based Composite - Three Surfaces, Anterior	All	1 per tooth every 90 Days	No	
D2335	resin-based composite - four or more surfaces (anterior)	All	1 per tooth every 90 Days	No	
D2390	Resin-Based Composite Crown, Anterior	All	1 per tooth every 90 Days	No	
D2391	Resin-Based Composite - One Surface, Posterior	All	1 per tooth every 90 Days	No	
D2392	Resin-Based Composite - Two Surfaces, Posterior	All	1 per tooth every 90 Days	No	
D2393	Resin-Based Composite - Three Surfaces, Posterior	All	1 per tooth every 90 Days	No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	All	1 per tooth every 90 Days	No	
D2710	Crown - Resin-Based Composite (Indirect)	All	1 per tooth every 5 Years	No	
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	All	1 per tooth every 5 Years	No	
D2720	Crown - Resin With High Noble Metal	All	1 per tooth every 5 Years	Yes	Treatment plan, Narrative, X-rays
D2721	Crown - Resin With Predominantly Base Metal	All	1 per tooth every 5 Years	Yes	Treatment plan, Narrative, X-rays
D2722	Crown - Resin With Noble Metal	All	1 per tooth every 5 Years	Yes	Treatment plan, Narrative, X-rays
D2799	Provisional Crown	All	1 per tooth every 5 Years	No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	All	1 per tooth every Year	No	
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	All	1 per tooth every Year	No	
D2920	Re-Cement or Re-Bond Crown	All	1 per tooth every Year	No	
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	All	1 per tooth every Year	No	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	All		No	
D2931	prefabricated stainless steel crown - permanent tooth	All		No	
D2932	Prefabricated Resin Crown	All		No	
D2933	Prefabricated Stainless Steel Crown With Resin Window	All		No	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	All		No	
D2940	Protective Restoration	All	1 per tooth every 3 Years	No	
D2941	Interim Therapeutic Restoration - Primary Dentition	All	1 per tooth every 3 Years	No	
D2950	Core Buildup, Including Any Pins When Required	All	1 per tooth every 5 Years	No	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	All	1 per tooth every 5 Years	No	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	All	1 per tooth every 5 Years	Yes	X-rays
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	All	1 per tooth every 5 Years	Yes	X-rays
D2954	Prefabricated Post And Core In Addition To Crown	All	1 per tooth every 5 Years	No	
D2955	Post Removal	All	1 per tooth every 5 Years	No	
D2957	Each Additional Prefabricated Post - Same Tooth	All	1 per tooth every 5 Years	No	
D2960	labial veneer (resin laminate) - direct	All	1 per tooth every 5 Years	Yes	Narrative of medical necessity, pre-op x-rays and photos
D2961	labial veneer (resin laminate) - indirect	All	1 per tooth every 5 Years	Yes	Narrative of medical necessity, pre-op x-rays and photos
D2962	labial veneer (porcelain laminate) - indirect	All	1 per tooth every 5 Years	Yes	Narrative of medical necessity, pre-op x-rays and photos
D2971	Additional procedures to customize a crown to fit under an existing partial dent	All	1 per tooth every 5 Years	Yes	FMX or panoramic and narrative of medical necessity
D2975	Coping	All	1 per tooth every 5 Years	Yes	X-rays and narrative of medical necessity
D2976	band stabilization - per tooth	All	1 per tooth every Accum Year	No	
D2980	Crown Repair	All	1 per tooth every 5 Years	No	
D2989	excavation of a tooth resulting in the determination of non-restorability	All	1 per tooth every Lifetime	No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D2991	application of hydroxyapatite regeneration medicament - per tooth	All	1 per tooth every 180 Days	No	
D2999	Unspecified Restorative Procedure, By Report	All		Yes	X-rays and Narrative of medical necessity
D3220	Therapeutic Pulpotomy	All	1 per tooth every Lifetime	No	
D3221	Pulpal Debridement - Primary And Permanent Teeth	All	1 per tooth every Lifetime	No	
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	All	1 per tooth every Lifetime	No	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	All	1 per tooth every Lifetime	No	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	All	1 per tooth every Lifetime	No	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	All	1 per tooth every Lifetime	No	
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	All	1 per tooth every Lifetime	No	
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	All	1 per tooth every Lifetime	No	
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3332	Incomplete Endodontic Therapy	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3333	Internal Root Repair Of Perforation Defects	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3348	Retreatment Of Previous Root Canal Therapy - Molar	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3351	Apexification / Recalcification - Initial Visit	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3352	Apexification / Recalcification - Interim	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3353	Apexification / Recalcification - Final Visit	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3410	Apicoectomy - Anterior	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3421	Apicoectomy - Premolar (First Root)	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3425	Apicoectomy - Molar (First Root)	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3426	Apicoectomy - Each Additional Root)	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3430	Retrograde Filling - Per Root	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3450	Root Amputation - Per Root	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3460	Endodontic Endosseous Implant	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3470	Intentional Reimplantation (Including Necessary Splinting)	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3911	Intraorifice Barrier	All		No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D3999	Unspecified Endodontic Procedure, By Report	All		Yes	Treatment plan, Narrative, X-rays
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	All	1 per quadrant every 36 Months	Yes	Periodontal charting, pre-op x-rays and narrative of necessity
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	All	1 per quadrant every 36 Months	Yes	Periodontal charting, pre-op x-rays and narrative of necessity
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	All	1 per quadrant every 36 Months	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	All	1 per quadrant every 36 Months	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4245	Apically Positioned Flap	All	1 per quadrant every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4249	Clinical Crown Lengthening - Hard Tissue	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	All	1 per quadrant every 36 Months	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	All	1 per quadrant every 36 Months	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4263	Bone Replacement Graft - First Site In Quadrant	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site (Inc	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4268	Surgical Revision Procedure, Per Tooth	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4270	Pedicle Soft Tissue Graft Procedure	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D4274	Distal Or Proximal Wedge Procedure	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4276	Combined connective tissue and pedical graft, per tooth	All	1 per tooth every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4322	Splint - intra-coronal natural teeth or prosthetic crowns	All	1 per arch every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4323	Splint - extra-coronal natural teeth or prosthetic crowns	All	1 per arch every Lifetime	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	All	1 per quadrant every 2 Years	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	All	1 per quadrant every 2 Years	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	All	1 every 5 Years	No	
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	All	1 per tooth every 36 Months	Yes	PAN or FMX, Complete 6 point perio chart and date of previous SRP
D4910	Periodontal Maintenance	All	1 every 91 Days	No	
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)	All	1 every 36 Months	No	
D4999	Unspecified Periodontal Procedure, By Report	All		Yes	Panoramic x-ray or full series, perio charting, narrative
D5110	Complete Denture - Maxillary	All	1 every 3 Years	Yes	Narrative stating why the existing denture is no longer functional.
D5120	Complete Denture - Mandibular	All	1 every 3 Years	Yes	Narrative stating why the existing denture is no longer functional.
D5130	Immediate Denture - Maxillary	All	1 every 3 Years	Yes	Narrative stating why the existing denture is no longer functional.
D5140	Immediate Denture - Mandibular	All	1 every 3 Years	Yes	Narrative stating why the existing denture is no longer functional.
D5211	Maxillary Partial Denture - Resin Base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5212	Mandibular Partial Denture - Resin Base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5213	maxillary partial denture - cast metal framework with resin denture bases	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5214	mandibular partial denture - cast metal framework with resin denture bases	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5221	immediate maxillary partial denture - resin base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D5222	immediate mandibular partial denture - resin base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5223	immediate maxillary partial denture - cast metal framework with resin base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5224	immediate mandibular partial denture - cast metal framework with resin base	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5225	maxillary partial denture - flexible base (including any retentive clasping mate)	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5226	mandibular partial denture - flexible base (including any retentive clasping mat)	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5410	Adjust Complete Denture - Maxillary	All		No	
D5411	Adjust Complete Denture - Mandibular	All		No	
D5421	Adjust Partial Denture - Maxillary	All		No	
D5422	Adjust Partial Denture - Mandibular	All		No	
D5511	Repair Broken Complete Denture Base - Mandibular	All		No	
D5512	Repair Broken Complete Denture Base - Maxillary	All		No	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	All	5 per tooth every 180 Days	No	
D5611	Repair Resin Partial Denture Base - Mandibular	All		No	
D5612	Repair Resin Partial Denture Base - Maxillary	All		No	
D5621	Repair Cast Partial Framework - Mandibular	All		No	
D5622	Repair Cast Partial Framework - Maxillary	All		No	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	All		No	
D5640	Replace Broken Teeth - Per Tooth	All	5 per tooth every 180 Days	No	
D5650	Add Tooth To Existing Partial Denture	All	5 per tooth every 180 Days	No	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	All		No	
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	All		No	
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	All		No	
D5710	Rebase Complete Maxillary Denture	All		No	
D5711	Rebase Complete Mandibular Denture	All		No	
D5720	Rebase Maxillary Partial Denture	All		No	
D5721	Rebase Mandibular Partial Denture	All		No	
D5730	reline complete maxillary denture (direct)	All		No	
D5731	reline complete mandibular denture (direct)	All		No	
D5740	reline maxillary partial denture (direct)	All		No	
D5741	reline mandibular partial denture (direct)	All		No	
D5750	reline complete maxillary denture (indirect)	All		No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D5751	reline complete mandibular denture (indirect)	All		No	
D5760	reline maxillary partial denture (indirect)	All		No	
D5761	reline mandibular partial denture (indirect)	All		No	
D5810	Interim Complete Denture (Maxillary)	All	1 every 3 Years	No	
D5811	Interim Complete Denture (Mandibular)	All	1 every 3 Years	No	
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	All	1 every 3 Years	Yes	X-rays, Dental charting indicating missing teeth
D5850	Tissue Conditioning, Maxillary	All	1 every Lifetime	No	
D5851	Tissue Conditioning, Mandibular	All	1 every Lifetime	No	
D5862	Precision Attachment, By Report	All	1 per tooth every 6 Years	No	
D5863	Overdenture - Complete Maxillary	All	1 every 6 Years	Yes	FMX or panoramic and narrative of medical necessity
D5864	Overdenture - Partial Maxillary	All	1 every 6 Years	Yes	FMX or panoramic and narrative of medical necessity
D5865	Overdenture - Complete Mandibular	All	1 every 6 Years	Yes	FMX or panoramic and narrative of medical necessity
D5866	Overdenture - Partial Mandibular	All	1 every 6 Years	Yes	FMX or panoramic and narrative of medical necessity
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	All		Yes	Narrative of medical necessity
D5875	Modification Of Removable Prosthesis Following Implant Surgery	All		Yes	Narrative of medical necessity
D5899	Unspecified Removable Prosthodontic Procedure, By Report	All		Yes	Narrative of necessity/report of procedure
D5911	Facial Moulage (Sectional)	All		Yes	Treatment plan, Narrative, X-rays
D5912	Facial Moulage (Complete)	All		Yes	Treatment plan, Narrative, X-rays
D5937	Trismus Appliance (Not For Tmd Treatment)	All		Yes	Treatment plan, Narrative, X-rays
D5951	Feeding Aid	All		Yes	Treatment plan, Narrative, X-rays
D5952	Speech Aid Prosthesis, Pediatric	All		Yes	Treatment plan, Narrative, X-rays
D5953	Speech Aid Prosthesis, Adult	All		Yes	Treatment plan, Narrative, X-rays
D5954	Palatal Augmentation Prosthesis	All		Yes	Treatment plan, Narrative, X-rays
D5955	Palatal Lift Prosthesis, Definitive	All		Yes	Treatment plan, Narrative, X-rays
D5958	Palatal Lift Prosthesis, Interim	All		Yes	Treatment plan, Narrative, X-rays
D5959	Palatal Lift Prosthesis, Modification	All		Yes	Treatment plan, Narrative, X-rays
D5960	Speech Aid Prosthesis, Modification	All		Yes	Treatment plan, Narrative, X-rays
D5982	Surgical Stent	All		Yes	Treatment plan, Narrative, X-rays
D5983	Radiation Carrier	All		Yes	Treatment plan, Narrative, X-rays
D5984	Radiation Shield	All		Yes	Treatment plan, Narrative, X-rays
D5985	Radiation Cone Locator	All		Yes	Treatment plan, Narrative, X-rays
D5986	Fluoride Gel Carrier	All		Yes	Treatment plan, Narrative, X-rays



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D5987	Commissure Splint	All		Yes	Treatment plan, Narrative, X-rays
D6055	Connecting Bar - Implant Supported Or Abutment Supported	All		Yes	Treatment plan, Narrative, X-rays
D6056	Prefabricated Abutment - Includes Modification And Placement	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6057	Custom Fabricated Abutment - Includes Placement	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6058	Abutment Supported Porcelain/Ceramic Crown	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6065	Implant Supported Porcelain/Ceramic Crown	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6066	implant supported crown - porcelain fused to metal crown (titanium, titanium all	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6067	implant supported metal crown - (titanium, titanium alloy, high noble metals all	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6068	Abutment Supported Retainer For Porcelain/ Ceramic Fpd	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Base Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6073	Abutment Supported Retainer For Cast Metal Fpd (Base Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6075	Implant Supported Retainer For Ceramic Fpd	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6076	implant supported retainer for porcelain fused to metal FPD - porcelain fused to	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6077	implant supported retainer for cast metal FPD - high noble alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	All	2 per tooth every Year	Yes	Treatment plan, Narrative, X-rays



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys	All	1 per tooth every 6 Years	No	
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6084	Implant Supported Crown - Porcelain Fused To Titanium and Titanium Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6086	Implant Supported Crown - Predominately Base Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6087	Implant Supported Crown - Noble Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6088	Implant Supported Crown - Titanium and Titanium Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6089	accessing and retorquing loose implant screw -per screw	All		No	
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	All	1 per tooth every Year	Yes	Treatment plan, Narrative, X-rays
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	All	1 per tooth every Year	Yes	Treatment plan, Narrative, X-rays
D6094	abutment supported crown - (titanium) and titanium alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6097	Abutment Supported Crown - Porcelain Fused To Titanium and Titanium Alloys	All	1 per tooth every 6 Years	No	
D6098	Implant Supported Retainer - Porcelain Fused To Predominately Base Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6099	Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6120	Implant Supported Retainer - Porcelain Fused To Titanium and Titanium Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6121	Implant Supported Retainer for Metal FPD - Predominately Base Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6123	Implant Supported Retainer for Metal FPD - Titanium And Titanium Alloys	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6190	Radiographic/Surgical Implant Index, By Report	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6194	abutment supported retainer crown for FPD (titanium) - porcelain fused to titani	All	1 per tooth every 6 Years	Yes	Treatment plan, Narrative, X-rays
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	All	1 per tooth every 6 Years	No	
D6205	Pontic - Indirect Resin Based Composite	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6210	Pontic - Cast High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6211	Pontic - Cast Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6212	Pontic - Cast Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D6214	pontic - titanium and titanium alloys	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6240	Pontic - Porcelain Fused To High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6242	Pontic - Porcelain Fused To Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6243	Pontic - porcelain fused to Titanium And Titanium Alloys	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6245	Pontic - Porcelain/Ceramic	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6250	Pontic - Resin With High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6251	Pontic - Resin With Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6252	Pontic - Resin With Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6253	Provisional Pontic	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6624	Retainer Inlay - Titanium	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6634	Retainer Onlay - Titanium	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6710	Retainer Crown - Indirect Resin Based Composite	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6720	Retainer Crown - Resin With High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6721	Retainer Crown - Resin With Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6722	Retainer Crown - Resin With Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6740	Retainer Crown - Porcelain/Ceramic	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6752	Retainer Crown - Porcelain Fused To Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D6780	Retainer Crown - 3/4 Cast High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6782	Retainer Crown - 3/4 Cast Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6790	Retainer Crown - Full Cast High Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6791	Retainer Crown - Full Cast Predominantly Base Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6792	Retainer Crown - Full Cast Noble Metal	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6793	Provisional Retainer Crown	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6794	retainer crown - titanium and titanium alloys	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6920	Connector Bar	All	1 per arch every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	All	1 per tooth every Year	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6940	Stress Breaker	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6950	Precision Attachment	All	1 per tooth every 6 Years	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6980	Fixed Partial Denture Repair	All	1 per tooth every Year	Yes	Medical and Dental narrative why denture is not possible, Xrays, Perio charting
D6985	Pediatric Partial Denture, Fixed	All	1 per arch every 6 Years	Yes	Narrative of significant issues for each tooth, X-rays, Periodontal charting
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	All		Yes	Current x-rays of area, Narrative of necessity/report of procedure
D7111	Extraction, Coronal Remnants - Primary Tooth	All		No	
D7140	Extraction, Erupted Tooth Or Exposed Root	All		No	
D7210	Extraction, Erupted Tooth	All		No	
D7220	Removal Of Impacted Tooth - Soft Tissue	All		Yes	Panoramic, narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony	All		Yes	Panoramic, narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony	All		Yes	Panoramic, narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	All		Yes	Panoramic, narrative of medical necessity



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D7250	Removal Of Residual Tooth (Cutting Procedure)	All		No	
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	All	1 per tooth every Lifetime	Yes	Panoramic, narrative of medical necessity
D7260	Oroantral Fistula Closure	All	1 every Lifetime	No	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	All	1 per tooth every Lifetime	No	
D7272	Tooth Transplantation (Includes Reimplantation)	All	1 per tooth every Lifetime	Yes	Panoramic, narrative of medical necessity
D7280	Exposure of an Unerupted Tooth	All	1 per tooth every Lifetime	No	
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	All	1 per tooth every Lifetime	No	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	All	1 per tooth every Lifetime	Yes	Panoramic, narrative of medical necessity
D7284	excisional biopsy of minor salivary glands	All		No	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	All		No	
D7286	Incisional Biopsy Of Oral Tissue - Soft	All		No	
D7288	Brush Biopsy - Transepithelial Sample Collection	All		No	
D7290	Surgical Repositioning Of Teeth	All	1 per tooth every Lifetime	Yes	Panoramic, narrative of medical necessity
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	All	1 per tooth every Lifetime	Yes	Panoramic, narrative of medical necessity
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	All		Yes	Panoramic, narrative of medical necessity
D7293	Placement of temporary anchorage device requiring flap	All		Yes	Panoramic, narrative of medical necessity
D7294	Placement of temporary anchorage device without flap	All		Yes	Panoramic, narrative of medical necessity
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	All	1 per quadrant every Day	No	
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	All	1 per quadrant every Day	No	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	All	1 per quadrant every Lifetime	No	
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth	All	1 per quadrant every Lifetime	No	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	All		Yes	Narrative of medical necessity and Pathology report
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	All		Yes	Narrative of medical necessity and Pathology report
D7412	Excision Of Benign Lesion, Complicated	All		Yes	Narrative of medical necessity and Pathology report
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	All		Yes	Narrative of medical necessity and Pathology report



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	All		Yes	Narrative of medical necessity and Pathology report
D7415	Excision Of Malignant Lesion, Complicated	All		Yes	Narrative of medical necessity and Pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	All		Yes	Panoramic x-ray, Narrative of necessity, Pathology report
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	All		Yes	PAN, Narrative of necessity/report of procedure
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	All		Yes	Panoramic, narrative of medical necessity
D7472	Removal Of Torus Palatinus	All		Yes	Panoramic, narrative of medical necessity
D7473	Removal Of Torus Mandibularis	All		Yes	Panoramic, narrative of medical necessity
D7485	Reduction Of Osseous Tuberosity	All		Yes	Panoramic, narrative of medical necessity
D7490	Radical Resection Of Maxilla Or Mandible	All		Yes	Panoramic, narrative of medical necessity
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	All		No	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	All		No	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	All		No	
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	All		No	
D7880	Occlusal Orthotic Device, By Report	All	1 every Lifetime	Yes	TMJ Radiograph w/Narrative of Medical Necessity
D7899	Unspecified Tmd Therapy, By Report	All	1 every Lifetime	Yes	TMJ Radiograph w/Narrative of Medical Necessity
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	All	1 per tooth every Lifetime	Yes	X-rays and narrative of medical necessity
D7963	Frenuloplasty	All	1 every Lifetime	Yes	Narrative of medical necessity
D7970	Excision Of Hyperplastic Tissue - Per Arch	All	1 per arch every Day	No	
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)	All	1 every Lifetime	Yes	Narrative of medical necessity



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D8010	Limited Orthodontic Treatment Of The Primary Dentition	Ages 0-18	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	Ages 0-18	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8040	Limited Orthodontic Treatment Of The Adult Dentition	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	Ages 0-18	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8210	Removable Appliance Therapy	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8220	Fixed Appliance Therapy	All	1 every Lifetime	Yes	Pan, Ceph, Photos, Narrative of specific issues meeting criteria, Treatment Plan
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	All	1 every Day	No	
D8670	Periodic Orthodontic Treatment Visit	All		Yes	Approved ortho banding or approved D8999/COC code is present on the same auth
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	All		Yes	Diagnostic quality photos
D8681	Removable Orthodontic Retainer Adjustment	All		Yes	Narrative of medical necessity
D8999	Unspecified Orthodontic Procedure, By Report	All		Yes	Copy of original approval, banding date, payment history
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	All	1 every Day	No	
D9120	Fixed Partial Denture Sectioning	All	1 per tooth every Year	No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	All		Yes	Narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	All		Yes	Narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	All	1 every Day	No	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	All		Yes	Narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	All		Yes	Narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation	All		Yes	Narrative of medical necessity
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	All	1 every Year	No	
D9410	House/Extended Care Facility Call	All		No	
D9420	Hospital Or Ambulatory Surgical Center Call	All	1 every Day	No	



Code	Description	Age limit	Limits	Prior auth required	Required documentation
D9430	Office Visit For Observation (During Regularly Scheduled Hours)	All	2 every Year	No	
D9440	Office Visit - After Regularly Scheduled Hours	All	2 every Year	No	
D9610	Therapeutic Parenteral Drug, Single Administration	All	1 every Day	No	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	All	1 every Day	No	
D9630	Drugs or Medicaments - dispensed for home use	All	1 every Day	No	
D9910	Application Of Desensitizing Medicament	All	1 every Year	No	
D9920	Behavior Management, By Report	All	1 every Day	Yes	Narrative of medical necessity
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	All		No	
D9941	Fabrication Of Athletic Mouthguard	All	1 every 24 Months	Yes	Treatment plan, Narrative, X-rays
D9942	Repair And/Or Reline Occlusal Guard	All	1 every Day	No	
D9944	Occlusal Guard-hard appliance, full arch	All	1 every 36 Months	No	
D9945	Occlusal Guard-soft appliance, full arch	All	1 every 36 Months	No	
D9951	Occlusal Adjustment - Limited	All	1 every 12 Months	No	
D9952	Occlusal Adjustment - Complete	All	1 every 24 Months	Yes	Treatment plan, Narrative, X-rays
D9971	odontoplasty, per tooth	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D9972	External Bleaching - Per Arch - Performed In Office	All	1 per arch every Lifetime	Yes	Treatment plan, Narrative, X-rays
D9973	External Bleaching - Per Tooth	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D9974	Internal Bleaching - Per Tooth	All	1 per tooth every Lifetime	Yes	Treatment plan, Narrative, X-rays
D9990	Translation Services	All	1 every Day	No	
D9995	Teledentistry - Synchronous; Real-Time Encounter	All	2 every Year	No	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	All	2 every Year	No	
D9999	Unspecified Adjunctive Procedure, By Report	All		Yes	Treatment plan, Narrative, X-rays



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