

UnitedHealthcare Community Plan of Missouri 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.



Provider services

Phone: **1-855-934-9818**

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

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



Prior authorization

UnitedHealthcare Dental
Authorizations
PO Box 5111
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
PO Box 1427
Milwaukee, WI 53201
Toll-free: **1-855-934-9818**



Claims

UnitedHealthcare Dental Claims

PO Box 1471
Milwaukee, WI 53201

EDI Payer ID

GP133

Corrected claims


UnitedHealthcare Dental
Corrected Claims
PO Box 481
Milwaukee, WI 53201

Claims may be submitted electronically through your clearinghouse, online via the Dental Hub, or by mail using the addresses listed 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.

Sample member ID card

		In case of emergency call 911 or go to nearest emergency room. <small>Printed: 10/13/23</small>	
Health Plan (80840) 911-86050-02		This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.MyUHC.com/CommunityPlan or call.	
Member ID: 001600012 Group Number: MOHNET		For Members: 866-292-0359 TTY 711 Behavioral Health: 866-292-0359 TTY 711 Dental/Vision: 866-292-0359 TTY 711 NurseLine: 866-351-6827 TTY 711	
Member: NEW M ENGLISH Payer ID: 86050 DCN #: 999999912 PCP Name: DOUGLAS GETWELL PCP Phone: (717) 851-6816 S1803 MT ROSE AVE STE B3 YORK, MO 174033051		For Providers: UHCprovider.com 866-815-5334 Dental Providers: 865-934-9818 Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240	
0501 UnitedHealthcare Community Plan of Missouri Administered by UnitedHealthcare of the Midwest, Inc.		Transportation: 866-292-0359 Pharmacy: 800-392-2161 or 573-751-6527 UHC19037 Approved 09/26/18	

Benefit grid

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.

Covered Services for UnitedHealthcare Community Plan of Missouri - Child Benefit

The following benefit information was written in alignment with Section 5 of the MO Dental Manual.

The following CDT and injection procedure codes are covered for eligible needy children under the age of 21 or persons receiving MO HealthNet under a category of assistance for pregnant women, the blind, or participants residing in a nursing facility.

UnitedHealthcare MO Medicaid Dental Benefit

Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0120	Periodic Oral Evaluation - Established Patient				
D0140	Limited Oral Evaluation - Problem Focused		1 every 2 years		
D0145	Oral Evaluation, Patient Under Three	0-2	Includes counseling with primary caregiver		
D0150	Comprehensive Oral Evaluation - New Or Established Patient		1 per code every 2 accum years per patient per provider		
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report				
D0170	Re-Evaluation - Limited, Problem Focused				
D0171	Re-Evaluation - Post Operative Office Visit				
D0210	Intraoral - Complete Series of Radiographic Images		1 per 24 months; May not bill D0330 during same 24 month period		
D0220	Intraoral - Periapical First Radiographic Image		1 per date of service		
D0230	Intraoral - Periapical Each Additional Image		Maximum of 4 on same date of service		
D0240	Intraoral - Occlusal Radiographic Image		1 per date of service		
D0250	Extraoral - 2D Projection Radiographic image		1 per date of service		
D0251	Extra-Oral Posterior Dental Radiographic Image				



**UnitedHealthcare MO Medicaid Dental Benefit
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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0270	Bitewing - Single Radiographic Image		Maximum qty of 4 single, or combination of D270 (qty 2) and D0272 (qty1) in 6 months; Not covered during same six months as D0274 or D0277		
D0272	Bitewings - Two Radiographic Images		2 per 6 month intervals; Not covered during same six months as D0274 or D0277		
D0273	Bitewings - Three Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272, D0274 or D0277		
D0274	Bitewings - Four Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0277		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0274; Cannot bill on the same date of service as regular bitewings		
D0310	Sialography			Yes	narrative of medical necessity
D0330	Panoramic Radiographic Image	6 & over	1 per 24 months; May not bill D0210 during same 24 month period		
D0340	2D Cephalometric Radiographic Image	0-20			
D0350	Oral/Facial Photographic Images	0-20			
D0364	Cone Beam - Less Than One Whole Jaw			Yes	
D0365	Cone Beam - One Full Dental Arch-Maxilla			Yes	
D0366	Cone Beam- One Full Dental Arch-Maxilla			Yes	
D0367	Cone Beam Both Jaws			Yes	
D0368	Cone Beam TMJ Series			Yes	
D0412	Test for Diabetes				
D0415	Collection Of Microorganisms For Culture And Sensitivity	0-20			
D0460	Pulp Vitality Tests	0-20			
D0461	Testing for cracked tooth				
D0470	Diagnostic Casts	0-20			
D0604	Antigen Testing For A Public Health Related Pathogen, Including Coronavirus				



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0605	Antibody Testing For A Public Health Related Pathogen, Including Coronavirus				
D0701	Panoramic Radiographic Image- Image Capture Only				
D0702	2-D Cephalometric Radiographic Image- Image Capture Only	0-20			
D0703	2-D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra Orally - Image Only	0-20			
D0705	Extra-Oral Posterior Dental Radiographic Image- Image Capture Only				
D0706	Intraoral- Occlusal Radiographic Image - Image Capture Only				
D0707	Intraoral - Periapical Radiographic Image - Image Capture Only				
D0708	Intraoral- Bitewing Radiographic Image - Image Capture Only				
D0709	Intraoral Comprehensive Series Of Radiographic Images - Image Capture Only				
D0999	Unspecified Diagnostic, by report			Yes	description of procedure and narrative of medical necessity
D1110	Prophylaxis - Adult	13 & over	1 per 6 month intervals		
D1120	Prophylaxis - Child	0-12	1 per 6 month intervals		
D1206	Topical Application Of Fluoride Varnish	0-20	1 per 6 month intervals		
D1208	Topical Application of Fluoride				
D1351	Sealant - Per Tooth	5-20	May only be applied every three (3) years per provider, per participant, per tooth		
D1353	Sealant Repair - Per Tooth	5-20	May only be applied every three (3) years per provider, per participant, per tooth		
D1354	Interim Caries Arresting Medicament Application		1 per 6 month intervals; 4 applications per tooth per lifetime. Max 8 units per day.	No	
D1355	Caries Preventative Medicament Application - Per Tooth	0-14			
D1510	Space Maintainer - Fixed - Unilateral	0-20			
D1515	Space Maintainer - Fixed - Bilateral	0-20			
D1516	Space Maintainer - Fixed - Unilateral - Per Quadrant				
D1516	Space Maintainer - Fixed Bilateral Maxillary				
D1517	Space Maintainer- Fixed Bilateral Mandibular				
D1526	Space Maintainer - Removable - Bilateral Maxillary				
D1527	Space Maintainer - Removable Bilateral Mandibular				
D1551	Re-cement Or Re-bond Bilateral Space Maintainer - Maxillary				



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D1552	Re-cement Or Re-bond Bilateral Space Maintainer - Mandibular				
D1553	Re-cement Or Re-bond Bilateral Space Maintainer - Per Quadrant				
D1575	Distal shoe space maintainer - fixed	0-20			
D1999	Unspecified Preventive Procedure, By Report				
D2140	Amalgam - One Surface, Primary Or Permanent				
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2710	Crown - Resin-Based Composite (Indirect)	0-20		Yes	pre-op x-rays
D2720	Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D2721	Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2722	Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D2740	Crown - Porcelain/Ceramic Substrate	0-20		Yes	pre-op x-rays
D2750	Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2752	Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys				
D2780	Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2781	Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2782	Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D2783	Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D2790	Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2791	Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2792	Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D2799	Provisional Crown			Yes	full mouth x-rays or panorex, treatment plan
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration				



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Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core				
D2920	Re-Cement or Re-Bond Crown				
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	0-20			
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-20			
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		Replacement within 6 months is not covered		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth		Replacement within 6 months is not covered		
D2932	Prefabricated Resin Crown		Replacement within 6 months is not covered		
D2933	Prefabricated Stainless Steel Crown With Resin Window		Replacement within 6 months is not covered		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth				
D2940	Protective Restoration				
D2941	Interim Therapeutic Restoration - Primary Dentition	0-20			
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays
D2951	Pin Retention - Per Tooth, In Addition To Restoration			Yes	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated			Yes	pre-op x-rays
D2953	Each Additional Indirectly Fabricated Post - Same Tooth		Used with D2952	Yes	pre-op x-rays
D2954	Prefabricated Post And Core In Addition To Crown			Yes	pre-op x-rays
D2955	Post Removal				
D2957	Each Additional Prefabricated Post - Same Tooth		Used with D2954	Yes	
D2960	Labial Veneer (Resin Laminate) - Chairside	0-20		Yes	pre-op x-rays
D2961	Labial Veneer (Resin Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2971	Additional Procedures To Construct New Crown Under Existing Partial	0-20		Yes	pre-op x-rays
D2980	Crown Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2981	Inlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2982	Onlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2999	Unspecified Restorative Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D3110	Pulp Cap - Direct (Excluding Final Restoration)				
D3120	Pulp Cap - Indirect (Excluding Final Restoration)				
D3220	Therapeutic Pulpotomy				



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D3221	Pulpal Debridement - Primary And Permanent Teeth				
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth			Yes	Pre-op x-rays (excluding BWX)
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth				
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth				
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access			Yes	pre-op x-rays (excluding bitewings)
D3332	Incomplete Endodontic Therapy			Yes	pre-op x-rays (excluding bitewings)
D3333	Internal Root Repair Of Perforation Defects			Yes	pre-op x-rays (excluding bitewings)
D3346	Retreatment Of Previous Root Canal Therapy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid			Yes	pre-op x-rays (excluding bitewings)
D3348	Retreatment Of Previous Root Canal Therapy - Molar			Yes	pre-op x-rays (excluding bitewings)
D3351	Apexification / Recalcification - Initial Visit			Yes	pre-op x-rays (excluding bitewings)
D3352	Apexification / Recalcification - Interim			Yes	date of initial apexification visit
D3353	Apexification / Recalcification - Final Visit			Yes	date of initial visit and post trmt x-ray
D3410	Apicoectomy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3421	Apicoectomy - Bicuspid (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3425	Apicoectomy - Molar (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3426	Apicoectomy - Each Additional Root			Yes	pre-op x-rays (excluding bitewings)
D3430	Retrograde Filling - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3450	Root Amputation - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam				
D3999	Unspecified Endodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth		Per tooth	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D4245	Apically Positioned Flap			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4249	Clinical Crown Lengthening - Hard Tissue	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4263	Bone Replacement Graft - First Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4267	Guided Tissue Regeneration	0-20	Include membrane removal	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4268	Surgical Revision Procedure, Per Tooth	0-20	Claim must include pre-op x-rays	Yes	pre-op x-rays
D4270	Pedicle Soft Tissue Graft Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4274	Distal Or Proximal Wedge Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	0-20		Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4285	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	0-20		Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity
D4322	Splint- Intra-Coronal Natural Teeth Or Prosthetic Crowns			Yes	Documentation of medical necessity
D4323	Splint - Extra-Coronal Natural Teeth Or Prosthetic Crowns			Yes	Documentation of medical necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		1 per 2 floating years	Yes	Perio Charting and Pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		1 per 2 floating years	Yes	Perio Charting and Pre-op x-rays
D4346	Scaling In Moderate Or Severe Gingival Inflammation	0-999	1 per 2 floating years		



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D4355	Full Mouth Debridement				
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle		Via controlled release	Yes	periodontal charting
D4910	Periodontal Maintenance		Office visit not covered on date of service	Yes	date of previous periodontal surgical, scaling and root planing or periodontal maintenance procedure
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)		Different dentist		
D4999	Unspecified Periodontal Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary				
D5120	Complete Denture - Mandibular				
D5130	Immediate Denture - Maxillary		1 per lifetime		
D5140	Immediate Denture - Mandibular		1 per lifetime		
D5211	Maxillary Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5212	Mandibular Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5225	Maxillary Partial Denture - Flexible Base	8 & over		Yes	
D5226	Mandibular Partial Denture - Flexible Base	8 & over		Yes	
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests)			Yes	A FMX or panoramic x-rays
D5228	Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rest)			Yes	A FMX or panoramic x-rays
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)			Yes	
D5283	Removable Unilateral Partial Denture 0 One Piece Cast Metal (Including Retentive)			Yes	
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive)			Yes	
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive Clasps)			Yes	
D5410	Adjust Complete Denture - Maxillary				
D5411	Adjust Complete Denture - Mandibular				
D5421	Adjust Partial Denture - Maxillary				
D5422	Adjust Partial Denture - Mandibular				
D5511	Repair Broken Complete Denture Base - Mandibular				
D5512	Repair Broken Complete Denture Base - Maxillary				
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)				
D5611	Repair Resin Partial Denture Base - Mandibular				
D5612	Repair Resin Partial Denture Base - Maxillary				
D5621	Repair Cast Partial Framework - Mandibular	8 & over			Operative report
D5622	Repair Cast Partial Framework - Maxillary	8 & over			Operative report



UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5630	Repair Or Replace Broken Clasp - Per Tooth				
D5640	Replace Broken Teeth - Per Tooth				
D5650	Add Tooth To Existing Partial Denture				
D5660	Add Clasp To Existing Partial Denture - Per Tooth				
D5710	Rebase Complete Maxillary Denture				
D5711	Rebase Complete Mandibular Denture				
D5720	Rebase Maxillary Partial Denture				
D5721	Rebase Mandibular Partial Denture				
D5725	Rebase Hybrid Prosthesis				
D5730	Reline Complete Maxillary Denture (Chairside)				
D5731	Reline Complete Mandibular Denture (Chairside)				
D5740	Reline Maxillary Partial Denture (Chairside)				
D5741	Reline Mandibular Partial Denture (Chairside)				
D5750	Reline Complete Maxillary Denture (Laboratory)				
D5751	Reline Complete Mandibular Denture (Laboratory)				
D5760	Reline maxillary partial denture (indirect) (includes new impression in old denture, check bite, and full process procedure)				
D5761	Reline Mandibular Partial Denture (Laboratory)				
D5765	Soft Liner For Complete Or Partial Removable Denture - Indirect				
D5820	Interim Partial Denture (Maxillary)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5821	Interim Partial Denture (Mandibular)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5850	Tissue Conditioning, Maxillary				
D5851	Tissue Conditioning, Mandibular				
D5862	Precision Attachment, By Report	0-20		Yes	documentation describing type of device and narrative of medical necessity
D5863	Overdenture - Complete Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5864	Overdenture - Partial Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5865	Overdenture - Complete Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5866	Overdenture - Partial Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	0-20		Yes	narrative describing type of attachment and medical necessity for the need
D5899	Unspecified Removable Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5909	Maxillary guidance prosthesis with guide flange				
D5913	Nasal Prosthesis				narrative of medical necessity
D5914	Auricular Prosthesis				narrative of medical necessity
D5919	Facial Prosthesis				narrative of medical necessity
D5922	Nasal Septal Prosthesis				narrative of medical necessity
D5926	Nasal Prosthesis, Replacement				narrative of medical necessity
D5927	Auricular Prosthesis, Replacement				narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5930	Maxillary guidance prosthesis without guide flange				
D5932	Obturator Prosthesis, Definitive				narrative of medical necessity
D5934	Mandibular Resection Prosthesis With Guide Flange				narrative of medical necessity
D5935	Mandibular Resection Prosthesis Without Guide Flange				narrative of medical necessity
D5936	Obturator Prosthesis, Interim				narrative of medical necessity
D5938	Resection prosthesis, maxillary complete removable				
D5939	Resection prosthesis, mandibular complete removable				
D5940	Resection prosthesis, maxillary partial removable				
D5941	Resection prosthesis, mandibular partial removable				
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis				
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis				
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis				
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis				
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis				
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis				
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis				
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis				
D5952	Speech Aid Prosthesis, Pediatric				narrative of medical necessity
D5953	Speech Aid Prosthesis, Adult				narrative of medical necessity
D5954	Palatal Augmentation Prosthesis				narrative of medical necessity
D5955	Palatal Lift Prosthesis, Definitive				narrative of medical necessity
D5958	Palatal Lift Prosthesis, Interim				narrative of medical necessity
D5959	Palatal Lift Prosthesis, Modification				narrative of medical necessity
D5960	Speech Aid Prosthesis, Modification				narrative of medical necessity
D5988	Surgical Splint				narrative of medical necessity
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report				narrative of medical necessity
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra Or Intraoral)				narrative of medical necessity
D5995	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Maxillary				
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed Mandibular				
D5999	Unspecified Maxillofacial Prosthesis, By Report			Yes	description of procedure and narrative of medical necessity
D6010	Surgical Placement Of Implant Body: Endosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6011	Second stage implant surgery			Yes	



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D6040	Surgical Placement: Eposteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6050	Surgical Placement: Transosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6056	Prefabricated abutment - includes modification and placement			Yes	
D6057	Custom fabricated abutment - includes placement			Yes	
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys			Yes	X-rays of implant in place
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys			Yes	X-rays of implant in place
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys			Yes	X-rays of implant in place
D6086	Implant Supported Crown- predominately Base Alloys			Yes	X-rays of implant in place
D6087	Implant Supported Crown- Noble Alloys			Yes	X-rays of implant in place
D6088	Implant Supported Crown- Titanium And Titanium Alloys			Yes	X-rays of implant in place
D6090	Repair Implant Supported Prosthesis, By Report			Yes	narrative of medical necessity
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown				
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture				
D6095	Repair Implant Abutment, By Report			Yes	narrative of medical necessity
D6097	Abutment Supported Crown- Porcelain Fused To Titanium And Titanium Alloys			Yes	X-rays of implant in place
D6098	Implant And Supported Retainer - Porcelain Fused To Predominately Base Alloys			Yes	X-rays of implant in place
D6099	Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys			Yes	X-rays of implant in place
D6100	Implant Removal, By Report			Yes	narrative of medical necessity
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	0-20	1 Per lifetime	Yes	
D6106	Guided Tissue Regeneration- Resorbable Barrier, Per Implant	0-20	1 Per lifetime	Yes	
D6107	Guided Tissue - Non Resorbable Barrier, Per Implant	0-20	1 Per lifetime	Yes	
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys			Yes	X-rays of implant in place
D6121	Implant Supported Retainer For Metal FPD- Predominately Base Alloys			Yes	X-rays of implant in place
D6122	Implant Supported Retainer For Metal FPD- Noble Alloys			Yes	X-rays of implant in place
D6123	Implant Supported Retainer For FPD -Titanium And Titanium Alloys			Yes	X-rays of implant in place
D6191	Semi Precision Abutment			Yes	
D6192	Semi Precision Abutment			Yes	
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys			Yes	X-rays of implant in place
D6196	Removal of an indirect restoration on an implant retained abutment				



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D6210	Pontic - Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6211	Pontic - Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6212	Pontic - Cast Noble Metal	0-20		Yes	pre-op x-rays
D6240	Pontic - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6242	Pontic - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6243	Pontic- Porcelain Fused To Titanium And Titanium Alloys			Yes	Panoramic x-ray or Full Mouth Series, Chart indicating missing teeth/to be extr.
D6245	Pontic - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6250	Pontic - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6251	Pontic - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6252	Pontic - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6720	Retainer Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6721	Retainer Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6722	Retainer Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D6740	Retainer Crown - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6752	Retainer Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys			Yes	Panoramic x-ray or Full Mouth Series, Chart indicating missing teeth/to be extr.
D6780	Retainer Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6782	Retainer Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6790	Retainer Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6791	Retainer Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6792	Retainer Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D6920	Connector Bar	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6930	Re-Cement Or Re-Bond Fixed Partial Denture			Yes	
D6940	Stress Breaker	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6950	Precision Attachment	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6980	Fixed Partial Denture Repair			Yes	narrative of medical necessity
D6999	Unspecified Fixed Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - Deciduous Tooth				
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				
D7220	Removal Of Impacted Tooth - Soft Tissue			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7251	Coronectomy - Intentional Partial Tooth Removal			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7260	Oroantral Fistula Closure			Yes	narrative of medical necessity
D7261	Primary Closure Of Sinus Perforation			Yes	narrative of medical necessity
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth				
D7280	Exposure of an Unerupted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7287	Exfoliative Cytological Sample Collection	0-20		Yes	copy of pathology report
D7290	Surgical Repositioning Of Teeth			Yes	pre-op x-rays and narrative of medical necessity
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-125		Yes	pre-op x-rays and narrative of medical necessity
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure			Yes	narrative of medical necessity
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings)
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth			Yes	pre-op x-rays (excluding BWX)
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7321	Alveoplasty not in conjunction with extractions - 1-3 tooth spaces, per quadrant			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7410	Excision Of Benign Lesion Up To 1.25 Cm				copy of pathology report
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm				copy of pathology report
D7412	Excision Of Benign Lesion, Complicated				copy of pathology report
D7413	Excision Of Malignant Lesion Up To 1.25 Cm				copy of pathology report
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm				copy of pathology report
D7415	Excision Of Malignant Lesion, Complicated				copy of pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm				copy of pathology report
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm				copy of pathology report
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm				copy of pathology report
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm				copy of pathology report
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm				copy of pathology report
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm				copy of pathology report
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report			Yes	copy of pathology report
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)			Yes	narrative of medical necessity, x-rays or photos optional
D7472	Removal Of Torus Palatinus			Yes	narrative of medical necessity, x-rays or photos optional



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7473	Removal Of Torus Mandibularis			Yes	narrative of medical necessity, x-rays or photos optional
D7485	Reduction Of Osseous Tuberosity			Yes	narrative of medical necessity, x-rays or photos optional
D7490	Radical Resection Of Maxilla Or Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7509	Marsupialization Of Odontogenic Cyst Surgical Decompression Of A Large Cystic Lesion	0-20		Yes	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7511	Incision and drainage of abscess- intraoral soft tissue - complicated				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7521	Incision and drainage of abscess - extraoral tissue - complicated				
D7530	Removal Of Foreign Body From Mucosa			Yes	narrative of medical necessity, x-rays or photos optional
D7540	Removal Of Reaction Producing Foreign Bodies			Yes	narrative of medical necessity, x-rays or photos optional
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone			Yes	narrative of medical necessity, x-rays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Yes	narrative of medical necessity, x-rays or photos optional
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7650	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7660	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Yes	narrative of medical necessity, x-rays or photos optional
D7710	Maxilla - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7720	Maxilla - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7730	Mandible - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7740	Mandible - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7760	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7770	Alveolus - Open Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7771	Alveolus - Closed Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches			Yes	narrative of medical necessity, x-rays or photos optional
D7810	Open Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7820	Closed Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7830	Manipulation Under Anesthesia			Yes	narrative of medical necessity, x-rays or photos optional
D7840	Condylectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7850	Surgical Discectomy, With/Without Implant			Yes	narrative of medical necessity, x-rays or photos optional
D7860	Arthrotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7865	Arthroplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7870	Arthrocentesis			Yes	narrative of medical necessity, x-rays or photos optional
D7871	Non-Arthroscopic Lysis And Lavage			Yes	narrative of medical necessity, x-rays or photos optional
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy			Yes	narrative of medical necessity, x-rays or photos optional
D7873	Arthroscopy - Lavage And Lysis Of Adhesions			Yes	narrative of medical necessity, x-rays or photos optional
D7874	Arthroscopy - Disc Repositioning And Stabilization			Yes	narrative of medical necessity, x-rays or photos optional
D7875	Arthroscopy - Synovectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7876	Arthroscopy - Discectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7877	Arthroscopy - Debridement			Yes	narrative of medical necessity, x-rays or photos optional
D7880	Occlusal Orthotic Device, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7911	Complicated Suture - Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7912	Complicated Suture - Greater Than 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)			Yes	narrative of medical necessity, x-rays or photos optional
D7922	Placement of Intra-socket Biologic Dressing To Aid In Hemostasis Or Clot Stab			Yes	narrative of medical necessity, x-rays or photos optional
D7940	Osteoplasty - For Orthognathic Deformities			Yes	narrative of medical necessity, x-rays or photos optional



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7941	Osteotomy - Mandibular Rami			Yes	narrative of medical necessity, x-rays or photos optional
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7944	Osteotomy - Segmented Or Subapical			Yes	narrative of medical necessity, x-rays or photos optional
D7945	Osteotomy - Body Of Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7946	Lefort I - (Maxilla - Total)			Yes	narrative of medical necessity, x-rays or photos optional
D7947	Lefort I - (Maxilla - Segmented)			Yes	narrative of medical necessity, x-rays or photos optional
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7949	Lefort Ii Or Lefort Iii - With Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla			Yes	narrative of medical necessity, x-rays or photos optional
D7953	Bone Replacement Graft For Ridge Preservation - Per Site			Yes	narrative of medical necessity, x-rays or photos optional
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect			Yes	narrative of medical necessity, x-rays or photos optional
D7956	Guided Tissue Regeneration, Edentulous Area- Resorbable Barrier, Per Site	0-20	1 per lifetime per tooth	Yes	
D7957	Guided Regeneration, Edentulous Area- Resorbable Barrier, Per Site	0-20	1 per lifetime per tooth	Yes	
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure			Yes	narrative of medical necessity, x-rays or photos optional
D7961	Buccal/Labial Frenectomy (Frenulectomy)			Yes	narrative of medical necessity, x-rays or photos optional
D7962	Lingual Frenectomy (Frenulectomy)			Yes	narrative of medical necessity, x-rays or photos optional
D7970	Excision Of Hyperplastic Tissue - Per Arch			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7971	Excision Of Pericoronal Gingiva			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7972	Surgical Reduction Of Fibrous Tuberosity			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7980	Sialolithotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7981	Excision Of Salivary Gland, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7982	Sialodochoplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7983	Closure Of Salivary Fistula			Yes	narrative of medical necessity, x-rays or photos optional
D7990	Emergency Tracheotomy				
D7991	Coronoidectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report			Yes	narrative of medical necessity, x-rays or photos optional



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7996	Implant - Mandible For Augmentation Purposes (Exc Alveolar Ridge)			Yes	narrative of medical necessity, x-rays or photos optional
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)			Yes	narrative of medical necessity, x-rays or photos optional
D7998	Intraoral Placement Of A Fixation Device		Not in conjunction with fracture	Yes	narrative of medical necessity, x-rays or photos optional
D7999	Unspecified Oral Surgery Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8210	Removable Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8220	Fixed Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development				
D8670	Periodic Orthodontic Treatment Visit		15 services per lifetime; Bill at least 21 days apart		
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0-20		Yes	diagnostic quality photos
D8695	Removal Of Fixed Orthodontic Appliances	0-20		Yes	diagnostic quality photos
D8696	Repair Of Orthodontic Appliance - Maxillary			Yes	Clinical notes or a Narrative of Medical Necessity
D8697	Repair Of Orthodontic Appliance - Mandibular			Yes	Clinical notes or a Narrative of Medical Necessity
D8698	Re-cement Or Re-bond Fixed Retainer - Maxillary			Yes	
D8699	Re-cement Or Re-bond Fixed Retainer - Mandibular			Yes	
D8701	Repair Of Fixed Retainer, Includes Reattachment - Maxillary			Yes	



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D8702	Repair Of Fixed Retainer, Includes Reattachment - Mandibular			Yes	
D8703	Replacement Of Lost Or Broken Retainer - Maxillary			Yes	
D8704	Replacement Of Lost Or Broken Retainer - Mandibular			Yes	
D8999	Unspecified Orthodontic Procedure, By Report	0-20		Yes	procedure and narrative of medical necessity or Ortho COC requirements. Ortho COC requirements: Original banding information, 5 diagnostic quality ortho photos, # of D8670's needed, narrative optional
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure			Yes	
D9120	Fixed Partial Denture Sectioning				
D9212	Trigeminal Division Block Anesthesia				
D9219	Evaluation For Deep Sedation or General Anesthesia			No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each 15 Minute Increment		3 units per day	Yes	narrative of medical necessity
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment		1 unit per day	Yes	narrative of medical necessity
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 min		3 units per day	Yes	narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment		3 units per day	Yes	narrative of medical necessity
D9244	In-office administration of minimal sedation - single drug - enteral		1 unit per day	Yes	narrative of medical necessity
D9245	Administration of moderate sedation - enteral		1 unit per day	Yes	narrative of medical necessity
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 min		1 unit per day	Yes	narrative of medical necessity
D9247	Administration of moderate sedation - non-intravenous parenteral - each subseq		3 units per day	Yes	narrative of medical necessity
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician				
D9410	House/Extended Care Facility Call				
D9420	Hospital Or Ambulatory Surgical Center Call				
D9430	Office Visit For Observation (During Regularly Scheduled Hours)				
D9440	Office Visit - After Regularly Scheduled Hours				
D9610	Therapeutic Parenteral Drug, Single Administration			Yes	description of drugs and parental administration
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations			Yes	description of drugs and parental administration
D9910	Application Of Desensitizing Medicament			Yes	
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth			Yes	



**UnitedHealthcare MO Medicaid Dental Benefit
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report			Yes	narrative of medical necessity
D9942	Repair And/Or Reline Occlusal Guard			Yes	narrative of medical necessity
D9944	Occlusal Guard-Hard Appliance, Full Arch			Yes	narrative of medical necessity
D9945	Occlusal Guard-Soft Appliance, Full Arch			Yes	narrative of medical necessity
D9946	Occlusal Guard-Hard Appliance, Partial Arch			Yes	narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter			Yes	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist			Yes	
D9999	Unspecified Adjunctive Procedure, By Report			Yes	description of procedure and narrative of medical necessity



Covered Services for UnitedHealthcare Community Plan of Missouri - Adult Benefit

The following procedure codes are covered for eligible adults ages 21 and older.

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0120	Periodic Oral Evaluation - Established Patient		Twice within a calendar year		
D0140	Limited Oral Evaluation - Problem Focused		1 per code every 2 years		
D0150	Comprehensive Oral Evaluation - New Or Established Patient		1 per code every 2 Accum Years		
D0220	Intraoral - Periapical First Radiographic Image		1 per code every Day		
D0230	Intraoral - Periapical Each Additional Image		4 per code every Day		
D0272	Bitewings - Two Radiographic Images		4 per code every Accum Year		
D0274	Bitewings - Four Radiographic Images		2 per code every Accum Year		
D0330	Panoramic Radiographic Image	6-999	1 per code every 24 Months		
D0412	Test For Diabetes				
D1110	Prophylaxis - Adult	13-125	2 per code every Accum Year		
D2140	Amalgam - One Surface, Primary Or Permanent				
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	resin-based composite - four or more surfaces (anterior)				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2930	Prefabricated Stainless Steel Crown - Primary Tooth Replacement		6 months is not covered		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth Replacement		6 months is not covered		
D2940	Protective Restoration				
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		1 per code per quadrant every 2 Years	Yes	Perio Charting and Pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		1 per code per quadrant every 2 Years	Yes	Perio Charting and Pre-op x-rays
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno				



UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D4910	Periodontal Maintenance			Yes	date of previous periodontal surgical, scaling and root planing or periodontal maintenance procedure
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				
D7220	Removal Of Impacted Tooth - Soft Tissue			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7260	Oroantral Fistula Closure			Yes	Narrative of medical necessity
D7261	Primary Closure Of Sinus Perforation			Yes	Narrative of medical necessity
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated				
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit				
D9224	Administration of general anesthesia with advanced airway - first 15 minute increments		1 unit per day	Yes	narrative of medical necessity
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 min		3 units per day	Yes	narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes			Yes	
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		2 per code every Day	Yes	
D9244	In-office administration of minimal sedation - single drug - enteral		1 unit per day	Yes	narrative of medical necessity
D9245	Administration of moderate sedation - enteral		1 unit per day	Yes	narrative of medical necessity
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 min		1 unit per day	Yes	narrative of medical necessity
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent increments		3 units per day	Yes	narrative of medical necessity
D9610	Therapeutic Parenteral Drug, Single Administration			Yes	description of drugs and parental administration
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations			Yes	description of drugs and parental administration
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report			Yes	narrative of medical necessity



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

The procedure codes in this section may be considered for participants with certain pre-existing medical conditions or in the case of trauma if not covered in the Limited Adult Coverage. Consideration under a pre-existing medical condition requires a written referral from the participant's primary physician, which must state that the absence of dental treatment would adversely affect a specific pre-existing condition. Referrals are effective for two (2) years from the date of the referral. Pre-existing medical conditions may include, but are not limited to:

- Transplants
- Chemo/radiation therapy
- Heart valves
- Diabetes
- Acquired Immunodeficiency Syndrome (AIDS)
- Seizure disorder treated with Dilantin
- Any other medical condition where untreated dental issues would adversely affect the participant's health, resulting in a higher level of care.

These dental services, subject to review, may be provided for adults if the dental care is related to traumatic injury to the jaw, mouth, teeth, or other contiguous sites (above the neck), including but not limited to:

- Motor vehicle accident
- Fracture of the jaw or any facial bone

UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0120	Periodic oral evaluation				
D0150	Comprehensive oral evaluation - new or established patient		1 per 2 accum years		
D0160	Detailed and extensive oral evaluation - problem focused, by report			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0170	Re-evaluation—limited, problem focused			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0171	Re-evaluation - post-operative office visit			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0210	Intraoral - comprehensive series of radiographic		1 per 24 months	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0220	Intraoral - periapical first radiographic image		1 per 1 day		Letter from MD Physician & Dental provider narrative of medical necessity
D0230	Intraoral - periapical each additional radiographic		4 per 1 day		Letter from MD Physician & Dental provider narrative of medical necessity
D0240	Intraoral - occlusal radiographic image		1 per 1 day	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0250	Extra-oral - 2D projection radiographic image		1 per 1 day		Letter from MD Physician & Dental provider narrative of medical necessity
D0251	Extra-oral posterior dental radiographic image				Letter from MD Physician & Dental provider narrative of medical necessity
D0270	Bitewing - single radiographic image		8 per 1 accum year	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0272	Bitewings - two radiographic images		4 per 1 accum year		Letter from MD Physician & Dental provider narrative of medical necessity



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0273	Bitewings - three radiographic images		2 per 1 accum year	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0274	Bitewings - four radiographic images		2 per 1 accum year		Letter from MD Physician & Dental provider narrative of medical necessity
D0277	Vertical bitewings - 7 to 8 radiographic images		2 per 1 accum year	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0310	Sialography			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0330	Panoramic radiographic image	6-999	1 per 24 months		Letter from MD Physician & Dental provider narrative of medical necessity
D0701	Panoramic radiographic image -image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0705	Extra-oral posterior dental radiographic image - image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0706	Intraoral occlusal radiographic image -image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0707	Intraoral periapical radiographic image -image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0708	Intraoral bitewing radiographic image -image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D0709	Intraoral comprehensive series of radiographic - image capture only			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant			Post	Letter from MD Physician & Dental provider narrative of medical necessity, pre-op x-rays
D4231	Anatomical crown exposure - one to three teeth per quadrant			Post	Letter from MD Physician & Dental provider narrative of medical necessity, pre-op x-rays
D4240	Gingival Flap Procedure Including Root Planing - Four Or More Contiguous Teeth			Post	Letter from MD Physician & Dental provider narrative of medical necessity, photo (optional)
D4241	Gingival Flap Procedure Including Root Planing - One To Three Contiguous Teeth			Post	Letter from MD Physician & Dental provider narrative of medical necessity, photo (optional)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		1 per quadrant every 2 years	Yes	Letter from MD Physician & Dental provider narrative of medical necessity, periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		1 per quadrant every 2 years	Yes	Letter from MD Physician & Dental provider narrative of medical necessity, periodontal charting and pre-op x-rays
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5909	Maxillary guidance prosthesis with guide flange			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5913	Nasal prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5914	Auricular prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5919	Facial prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5922	Nasal septal prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5926	Nasal prosthesis, replacement			Post	Letter from MD Physician & Dental provider narrative of medical necessity



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5927	Auricular prosthesis, replacement			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5930	Maxillary guidance prosthesis without guide flange			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5932	Obturator prosthesis, definitive - for surgically			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5934	Mandibular resection prosthesis with guide flange			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5935	Mandibular resection prosthesis without guide			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5936	Obturator prosthesis, interim			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5938	Resection prosthesis, maxillary complete removable			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5939	Resection prosthesis, mandibular complete removable			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5940	Resection prosthesis, maxillary partial removable			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D5952	Speech aid prosthesis, pediatric			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5953	Speech aid prosthesis, adult			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5954	Palatal augmentation prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5958	Palatal lift prosthesis, interim			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5960	Speech aid prosthesis, modification			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5992	Adjust maxillofacial prosthetic appliance			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D5993	Maintenance and cleaning of a maxillofacial (extra or intraoral)			Post	Letter from MD Physician & Dental provider narrative of medical necessity



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5999	Unspecified maxillofacial prosthesis, by report			Post	Description of procedure and letter from MD Physician & Dental provider narrative of medical necessity
D6010	Surgical access to an implant body			Post	Pre-op x-rays and description of procedure and letter from MD Physician & Dental provider narrative of medical necessity
D6011	Second stage implant surgery (second stage implant surgery)			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D6040	Surgical placement: eposteal implant			Post	Pre-op x-rays and letter from MD Physician & Dental provider narrative of medical necessity
D6050	Surgical placement: transosteal implant			Post	Pre-op x-rays and letter from MD Physician & Dental provider narrative of medical necessity
D6090	Repair of implant/abutment supported prosthesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D6100	Surgical removal of implant body removal, By Report			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D6196	Removal of an indirect restoration on an implant retained abutment			Yes	Letter from MD Physician & Dental provider narrative of medical necessity.
D7259	Nerve dissection			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7260	Oroantral fistula closure			Yes	Letter from MD Physician & Dental provider narrative of medical necessity
D7261	Primary Closure of a Sinus Perforation			Yes	Letter from MD Physician & Dental provider narrative of medical necessity
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveous			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7284	Excisional biopsy of minor salivary glands			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7286	Incisional biopsy of oral tissue - soft			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7340	Vestibuloplasty - ridge extension (Secondary Epithelialization)			Post	Pre-op x-rays (excluding bitewings) and letter from MD Physician & Dental provider narrative of medical necessity
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)			Post	Pre-op x-rays (excluding bitewings) and letter from MD Physician & Dental provider narrative of medical necessity
D7410	Radical excision - lesion diameter up to 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7411	Excision of benign lesion greater than 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7412	Excision of benign lesion, complicated			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7413	Excision of benign lesion up to 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7414	Excision of malignant lesion greater than 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7415	Excision of malignant lesion, complicated			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7440	Excision of malignant tumor - lesion diameter up To 1.25 Cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, copy of pathology report
D7471	Removal of lateral exostosis (maxilla or mandible)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7472	Removal of Torus Palatinus			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7473	Removal of Torus Mandibularis			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7485	Surgical Reduction of Osseous Tuberosity			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7490	Radical resection of mandible with bone graft			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7509	Marsupialization of odontogenic cyst		1 per lifetime	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7510	Incision and drainage of abscess - intraoral soft tissue			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7520	Incision and drainage of abscess - extraoral soft tissue			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D7530	Removal of foreign body from mucosa			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7540	Removal of reaction - producing foreign bodies,			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7550	Partial ostectomy/sequestrectomy for removal of nonvital bone			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7610	Maxilla - open reduction (teeth immobilized, if present)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7620	Maxilla - closed reduction (teeth immobilized, if present)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7630	Mandible - open reduction (teeth immobilized, if present)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7640	Mandible - closed reduction (teeth immobilized, if present)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7650	Malar and/or zygomatic arch - open reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7660	Malar and/or zygomatic arch - closed reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7710	Maxilla - open reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7720	Maxilla - closed reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7730	Mandible - open reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7740	Mandible - closed reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7750	Malar and/or zygomatic arch - open reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7760	Malar and/or zygomatic arch - closed reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7770	Alveolus - stabilization of teeth, open reduction			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7771	Alveolus, closed reduction stabilization of teeth			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7780	Facial bones - complicated reduction with fixation			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7810	Open reduction of dislocation			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7820	Closed reduction of dislocation			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7830	Manipulation under anesthesia			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7840	Condylectomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7850	Surgical discectomy, with/without implant			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7860	Arthrotomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7865	Arthroplasty			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7870	Arthrocentesis			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7871	Non-arthroscopic lysis and lavage			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7872	Arthroscopy - diagnosis, with or without biopsy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7873	Arthroscopy - Surgical: Lavage And Lysis Of Adhesions			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7874	Arthroscopy - Surgical: Disc Repositioning And Stabilization			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7875	Arthroscopy - surgical: synovectomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7876	Arthroscopy - surgical: discectomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7877	Arthroscopy - surgical: debridement			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7880	Occlusal orthotic device, by report			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional

UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7911	Complicated Suture - Up To 5 Cm			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7920	Skin graft (identify defect covered, location and type of graft)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7940	Osteoplasty - for orthognathic deformities			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7941	Osteotomy - mandibular rami			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7943	Osteotomy - mandibular rami with bone graft; Includes Obtaining The Graft			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7944	Osteotomy - segmented or subapical			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7945	Osteotomy - body of mandible			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7946	LeFort I (maxilla-total)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7947	LeFort I (maxilla-segmented)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7948	LeFort II or LeFort III (osteoplasty of facial bones) - Without Bone Graft			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7953	Bone replacement graft for ridge preservation per site			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7955	Repair of maxillofacial soft and/or hard tissue defect			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		All Specialties	Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		All Specialties	Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7961	Buccal / labial frenectomy (frenulectomy)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7962	Lingual frenectomy (frenulectomy)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7970	Excision of hyperplastic tissue - per arch			Post	Pre-op x-rays, letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7971	Excision of pericoronal gingiva			Post	Pre-op x-rays, letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7972	Surgical reduction of fibrous tuberosity			Post	Pre-op x-rays, letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7980	Sialolithotomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7981	Excision of salivary gland, by report			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7982	Sialodochoplasty			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7983	Closure of salivary fistula			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7990	Emergency tracheotomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7991	Coronoidectomy			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7993	Surgical placement of craniofacial implant -extra oral			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7994	Surgical placement: zygomatic implant			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7995	Synthetic graft - mandible or facial bones			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7996	Implant - mandible for augmentation purposes			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7997	Appliance removal (not by dentist who placed appliance)			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7998	Intraoral placement of a fixation device			Post	Letter from MD Physician & Dental provider narrative of medical necessity, xrays or photos optional
D7999	Unspecified oral surgery procedure			Post	Description of procedure and letter from MD Physician & Dental provider narrative of medical necessity
D9120	Fixed partial denture sectioning			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9212	Trigeminal division block			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9219	Evaluation for deep sedation or general anesthesia			Post	Letter from MD Physician & Dental provider narrative of medical necessity



UnitedHealthcare MO Medicaid Adult Trauma/Medical Coverage

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D9222	Deep Anesthesia, first 15 min		1 per 1 day	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		1 unit per day	Yes	Narrative of medical necessity
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		3 unit per day	Yes	Narrative of medical necessity
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9239	IV Mod Sedation, first 15 min		1 per 1 day	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9243	Intravenous moderate (conscious) sedation/analgesia -each 15 minute increment		3 units per 1 day	Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9244	In-office administration of minimal sedation - single drug - enteral		1 unit per day	Yes	Narrative of medical necessity
D9245	Administration of moderate sedation - enteral		1 unit per day	Yes	Narrative of medical necessity
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		1 unit per day	Yes	Narrative of medical necessity
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or portion thereof		3 unit per day	Yes	Narrative of medical necessity
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9410	House/extended care facility call			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9420	Hospital call			Post	Letter from MD Physician & Dental provider narrative of medical necessity
D9440	Office visit - after regularly scheduled hours			Post	Letter from MD Physician & Dental provider narrative of medical necessity





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