

# UnitedHealthcare Community Plan of New Mexico Turquoise Care Medicaid Dental Quick Reference Guide

Effective: January 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 from your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.



## Provider services

Phone: **1-888-445-9817**  
8 a.m.–5 p.m. CST Monday–Friday (IVR: 24/7)

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



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 588  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Community Plan  
Attn: Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

Toll-free: **1-866-293-1796**



## Claims

### UnitedHealthcare Dental Claims

P.O. Box 251  
Milwaukee, WI 53201

### EDI Payer ID

GP133

## Claim disputes or adjustments

UnitedHealthcare Dental  
Claim Appeals  
P.O. Box 1385  
Milwaukee, WI 53201

## Corrected claims

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

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

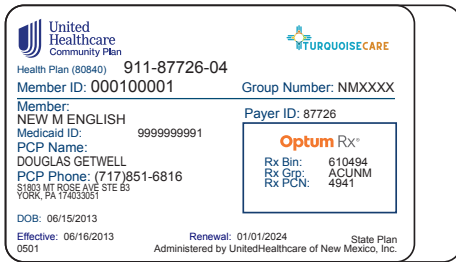
## Important notes

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



**Dental Benefit  
Providers®**

# Sample member ID card



## Benefit coverage, limitations, and requirements

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

### New Mexico Turquoise Care benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0120	Periodic Oral Exam	0-20	1 per code every 6 Months	N	
D0120	Periodic Oral Exam	21-999	1 per code every 12 Months	N	
D0140	Limited Oral Evaluation - Problem Focused	0-999		N	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 per code every 12 Months	N	
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 per code every 5 Years	N	
D0220	Intraoral - Periapical First Radiographic Image	0-999	1 per code every Day	N	
D0230	Intraoral - Periapical Each Additional Image	0-999		N	
D0240	Intraoral - Occlusal Radiographic Image	0-999	2 per code every 12 Months	N	
D0250	Extraoral - 2D Projection Radiographic image	0-999	1 per code every 6 Months	N	
D0251	Extra-Oral Posterior Dental Radiographic Image	0-999	1 per code every 12 Months	N	
D0270	Bitewing - Single Radiographic Image	0-999	4 per code every 12 Months	N	
D0272	Bitewings - Two Radiographic Images	0-999	2 per code every 12 Months	N	
D0274	Bitewings - Four Radiographic Images	0-999	1 per code every 12 Months	N	
D0310	Sialography	0-999	2 per code every 12 Months	Y	Narrative of medical necessity
D0320	Temporomandibular Joint Arthrogram, Including Injection	0-999	2 per code every 12 Months	Y	Narrative of medical necessity
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0-999	2 per code every 12 Months	Y	Narrative of medical necessity
D0322	Tomographic Survey	0-999	1 per code every 12 Months	Y	Narrative of medical necessity
D0330	Panoramic Radiographic Image	0-999	1 per code every 5 Years	N	
D0340	2D Cephalometric Radiographic Image	0-999	1 per code every 60 Months	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0364	Cone Beam - Less Than One Whole Jaw	0-999	1 per code every 12 Months	Y	Narrative of medical necessity
D0365	Cone Beam - One Full Dental Arch - Mandible	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0366	Cone Beam - One Full Dental Arch - Maxilla	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0367	Cone Beam - Both Jaws	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0368	Cone Beam o TMJ Series	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0369	Maxillofacial MRI	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0370	Maxillofacial Ultrasound	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0371	Sialoendoscopy	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0-999	1 per code every 5 Years	N	
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	0-999	1 per code every 5 Years	N	
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	0-999	1 per code every 5 Years	N	
D0380	Cone Beam - Less Than One Whole Jaw	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0381	Cone Beam - One Full Dental Arch - Mandible	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0382	Cone Beam - One Full Dental Arch - Maxilla	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0383	Cone Beam - Both Jaws	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0384	Cone Beam o TMJ Series	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0385	Maxillofacial MRI	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0386	Maxillofacial Ultrasound	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - image capture only	0-999	1 per code every 5 Years	N	
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - image capture only	0-999	1 per code every 5 Years	N	
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - image capture only	0-999	1 per code every 5 Years	N	
D0391	Interpretation Of Diagnostic Image	0-999	1 per code every 5 Years	Y	Narrative of medical necessity
D0415	Collection Of Microorganisms For Culture And Sensitivity	0-999	1 per code every 12 Months	Y	Description of procedure and narrative of medical necessity
D0502	Other Pathology Procedures, By Report	0-999	1 per code every 12 Months	Y	Description of procedure and narrative of medical necessity
D0999	Unspecified Diagnostic Procedures, By Report	0-999		N	
D1110	Prophylaxis - Adult	14-999	4 per code every 12 Months	N	
D1120	Prophylaxis - Child	0-13	4 per code every 12 Months	N	
D1206	Topical Application Of Fluoride Varnish	0-20	1 per code every 6 Months	N	
D1206	Topical Application Of Fluoride Varnish	21-999	1 per code every Lifetime	N	
D1208	Topical Application of Fluoride	0-20	1 per code every 6 Months	N	
D1208	Topical Application of Fluoride	21-999	1 per code every 6 Months	N	
D1301	Immunization Counseling	0-999		N	
D1351	Sealant - Per Tooth	0-999	1 per code per tooth every 5 Years	N	
D1354	Interim Caries Arresting Medicament Application - per tooth	0-999	1 per code per tooth every 6 Months	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0-999	1 per code per quadrant every Lifetime	N	
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0-999	1 per code per tooth every Lifetime	N	
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0-999	1 per code per tooth every Lifetime	N	
D1575	Distal shoe space maintainer - fixed - per quadrant	0-999	1 per code per quadrant every Lifetime	N	
D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose SARSCOV2 COVID-19 V	0-999		N	
D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19	0-999		N	
D1710	Moderna Covid-19 vaccine administration - third dose SARSCOV2 COVID-19 VAC mRNA	0-999		N	
D1711	Moderna Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19 VAC mRN	0-999		N	
D1712	Janssen Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19 VAC Ad2	0-999		N	
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first do	0-999	1 per code every Lifetime	N	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second d	0-999		N	
D2140	Amalgam - One Surface, Primary Or Permanent	0-999	1 per code per tooth every 12 Months	N	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 12 Months	N	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 12 Months	N	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 12 Months	N	
D2330	Resin-Based Composite - One Surface, Anterior	0-999	1 per code per tooth every 12 Months	N	
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999	1 per code per tooth every 12 Months	N	
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999	1 per code per tooth every 12 Months	N	
D2335	resin-based composite - four or more surfaces (anterior)	0-999	1 per code per tooth every 12 Months	N	
D2390	Resin-Based Composite Crown, Anterior	0-999	1 per code per tooth every Lifetime	N	
D2391	Resin-Based Composite - One Surface, Posterior	0-999	1 per code per tooth every 12 Months	N	
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999	1 per code per tooth every 12 Months	N	
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999	1 per code per tooth every 12 Months	N	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999	1 per code per tooth every 12 Months	N	
D2710	Crown - Resin-Based Composite (Indirect)	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth
D2740	Crown - Porcelain/Ceramic	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth
D2752	Crown - Porcelain Fused To Noble Metal	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth
D2791	Crown - Full Cast Predominantly Base Metal	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth
D2792	Crown - Full Cast Noble Metal	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays of adjacent teeth and opposing teeth
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0-999	1 per code per tooth every Lifetime	N	
D2920	Re-Cement or Re-Bond Crown	0-999	1 per code per tooth every Lifetime	N	
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	0-999	1 per code per tooth every Lifetime	N	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-999	1 per code per tooth every Lifetime	N	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999	1 per code per tooth every Lifetime	N	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0-999	1 per code per tooth every Lifetime	N	
D2932	Prefabricated Resin Crown	0-999	1 per code per tooth every Lifetime	N	
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-999	1 per code per tooth every Lifetime	N	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-999	1 per code per tooth every Lifetime	N	
D2940	Placement of interim direct restoration protective restoration	0-999	1 per code per tooth every 5 Years	N	
D2950	Core Buildup, Including Any Pins When Required	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2954	Prefabricated Post And Core In Addition To Crown	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2955	Post Removal	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2957	Each Additional Prefabricated Post - Same Tooth	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2976	Band Stabilization - Per Tooth	0-999		Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2980	Crown Repair	0-999	1 per code per tooth every 5 Years	Y	Pre-op x-rays (excluding BWX)
D2989	Excavation of a Tooth Resulting in the Determination of Non-Restorability	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2991	Application of Hydroxyapatite Regeneration Medicament - per tooth	0-999		Y	X-rays and narrative of medical necessity
D2999	Unspecified Restorative Procedure, By Report	0-999		Y	Pre-op x-rays, narrative of medical necessity and description of procedure



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D3220	Therapeutic Pulpotomy	0-999	1 per code per tooth every Lifetime	N	
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0-999	1 per code per tooth every Lifetime	N	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding BWX)
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-20	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding BWX)
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-20	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding BWX)
D3351	Apexification / Recalcification - Initial Visit	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3352	Apexification / Recalcification - Interim	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3353	Apexification / Recalcification - Final Visit	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3410	Apicoectomy - Anterior	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3421	Apicoectomy - Premolar (First Root)	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3425	Apicoectomy - Molar (First Root)	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3426	Apicoectomy - Each Additional Root)	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3430	Retrograde Filling - Per Root	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3450	Root Amputation - Per Root	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3911	Intraorifice Barrier	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3921	Decoronation or submergence of an erupted tooth	0-999	1 per code per tooth every Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3999	Unspecified Endodontic Procedure, By Report	0-999		Y	Pre-op x-rays, narrative of medical necessity and description of procedure
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999	1 per code per quadrant every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999	1 per code per quadrant every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0-999	1 per code per quadrant every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4249	Clinical Crown Lengthening - Hard Tissue	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0-999	1 per code per quadrant every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4263	Bone Replacement Graft - First Site In Quadrant	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site (Inc	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D4270	Pedicle Soft Tissue Graft Procedure	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4274	Distal Or Proximal Wedge Procedure	0-999	1 per code per tooth every 36 Months	Y	Pre-op x-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-999	1 per code per tooth every 36 Months	N	
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-999	1 per code per tooth every 36 Months	N	
D4286	Removal of Non-Resorbable Barrier	0-999	1 per code per tooth every 36 Months	N	
D4322	Splint - Intra-Coronal Natural Teeth or Prosthetic Crowns	0-999	1 per code per arch every 36 Months	N	
D4323	Splint - Extra-Coronal Natural Teeth or Prosthetic Crowns	0-999	1 per code per arch every 36 Months	N	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	1 per code per quadrant every 24 Months	Y	Periodontal charting and pre-op x-rays
D4346	Scaling in Moderate or Severe Gingival Inflammation	0-999	1 per code every 12 Months	N	
D4910	Periodontal Maintenance	0-999	2 per code every Year	Y	Date of previous periodontal surgical or scaling and root planing service
D4999	Unspecified Periodontal Procedure, By Report	0-999		Y	Description of procedure, Periodontal charting and Pre-op x-rays
D5110	Complete Denture - Maxillary	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5120	Complete Denture - Mandibular	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5130	Immediate Denture - Maxillary	0-999	1 per code every Lifetime	Y	FMX or panoramic x-rays
D5140	Immediate Denture - Mandibular	0-999	1 per code every Lifetime	Y	FMX or panoramic x-rays
D5211	Maxillary Partial Denture - Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5212	Mandibular Partial Denture - Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5221	Immediate Maxillary Partial Denture - Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5222	Immediate Mandibular Partial Denture - Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Base	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	0-999	1 per code every 60 Months	Y	Pano/FMX Date of prior placement, Narrative Charted missing and extracted teeth
D5410	Adjust Complete Denture - Maxillary	0-999	2 per code every Year	N	
D5411	Adjust Complete Denture - Mandibular	0-999	2 per code every Year	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5421	Adjust Partial Denture - Maxillary	0-999	2 per code every Year	N	
D5422	Adjust Partial Denture - Mandibular	0-999	2 per code every Year	N	
D5511	Repair Broken Complete Denture Base - Mandibular	0-999	2 per code every 5 Years	N	
D5512	Repair Broken Complete Denture Base - Maxillary	0-999	2 per code every 5 Years	N	
D5520	Replace Missing or Broken Teeth - Complete Denture - per tooth	0-999	2 per code per tooth every 5 Years	N	
D5611	Repair Resin Partial Denture Base - Mandibular	0-999	2 per code every 5 Years	N	
D5612	Repair Resin Partial Denture Base - Maxillary	0-999	2 per code every 5 Years	N	
D5621	Repair Cast Partial Framework - Mandibular	0-999	2 per code every 5 Years	N	
D5622	Repair Cast Partial Framework - Maxillary	0-999	2 per code every 5 Years	N	
D5630	Repair or Replace Broken Retentive / Clasp Materials - per tooth	0-999	2 per code per tooth every 5 Years	N	
D5640	Replace Missing or Broken Teeth - Partial Denture - per tooth	0-999	2 per code per tooth every 5 Years	N	
D5650	Add Tooth to Existing Partial Denture - per tooth	0-999	2 per code per tooth every 12 Months	N	
D5660	Add Clasp to Existing Partial Denture - per tooth	0-999	2 per code per tooth every 12 Months	N	
D5725	Rebase Hybrid Prosthesis	0-999	2 per code per arch every 12 Months	N	
D5750	Reline Complete Maxillary Denture (indirect)	0-999	2 per code every 12 Months	N	
D5751	Reline Complete Mandibular Denture (indirect)	0-999	2 per code every 12 Months	N	
D5760	Reline Maxillary Partial Denture (indirect)	0-999	2 per code every 12 Months	N	
D5761	Reline Mandibular Partial Denture (indirect)	0-999	2 per code every 12 Months	N	
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	0-999	2 per code per arch every 12 Months	N	
D5850	Tissue Conditioning, Maxillary	0-999	1 per code every 12 Months	N	
D5851	Tissue Conditioning, Mandibular	0-999	1 per code every 12 Months	N	
D5863	Overdenture - Complete Maxillary	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5864	Overdenture - Partial Maxillary	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5865	Overdenture - Complete Mandibular	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5866	Overdenture - Partial Mandibular	0-999	1 per code every 60 Months	Y	FMX or panoramic x-rays
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0-999		Y	Description of procedure, FMX or Panoramic and narrative of medical necessity
D5911	Facial Moulage (Sectional)	0-999		Y	Narrative of medical necessity
D5912	Facial Moulage (Complete)	0-999		Y	Narrative of medical necessity
D5913	Nasal Prosthesis	0-999		Y	Narrative of medical necessity
D5914	Auricular Prosthesis	0-999		Y	Narrative of medical necessity
D5915	Orbital Prosthesis	0-999		Y	Narrative of medical necessity
D5916	Ocular Prosthesis	0-999		Y	Narrative of medical necessity



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5919	Facial Prosthesis	0-999		Y	Narrative of medical necessity
D5922	Nasal Septal Prosthesis	0-999		Y	Narrative of medical necessity
D5923	Ocular Prosthesis, Interim	0-999		Y	Narrative of medical necessity
D5924	Cranial Prosthesis	0-999		Y	Narrative of medical necessity
D5925	Facial Augmentation Implant Prosthesis	0-999		Y	Narrative of medical necessity
D5926	Nasal Posthesis, Replacement	0-999		Y	Narrative of medical necessity
D5927	Auricular Prosthesis, Replacement	0-999		Y	Narrative of medical necessity
D5928	Orbital Prosthesis, Replacement	0-999		Y	Narrative of medical necessity
D5929	Facial Prosthesis, Replacement	0-999		Y	Narrative of medical necessity
D5931	Obturator Prosthesis, Surgical	0-999		Y	Narrative of medical necessity
D5932	Obturator Prosthesis, Definitive	0-999		Y	Narrative of medical necessity
D5933	Obturator Prosthesis, Modification	0-999		Y	Narrative of medical necessity
D5934	Mandibular Resection Prosthesis With Guide Flange	0-999		Y	Narrative of medical necessity
D5935	Mandibular Resection Prosthesis Without Guide Flange	0-999		Y	Narrative of medical necessity
D5936	Obturator Prosthesis, Interim	0-999		Y	Narrative of medical necessity
D5937	Trismus Appliance (Not For Tmd Treatment)	0-999		Y	Narrative of medical necessity
D5951	Feeding Aid	0-999		Y	Narrative of medical necessity
D5952	Speech Aid Prosthesis, Pediatric	0-999		Y	Narrative of medical necessity
D5953	Speech Aid Prosthesis, Adult	0-999		Y	Narrative of medical necessity
D5954	Palatal Augmentation Prosthesis	0-999		Y	Narrative of medical necessity
D5955	Palatal Lift Prosthesis, Definitive	0-999		Y	Narrative of medical necessity
D5958	Palatal Lift Prosthesis, Interim	0-999		Y	Narrative of medical necessity
D5959	Palatal Lift Prosthesis, Modification	0-999		Y	Narrative of medical necessity
D5960	Speech Aid Prosthesis, Modification	0-999		Y	Narrative of medical necessity
D5982	Surgical Stent	0-999		Y	Narrative of medical necessity
D5983	Radiation Carrier	0-999		Y	Narrative of medical necessity
D5984	Radiation Shield	0-999		Y	Narrative of medical necessity
D5985	Radiation Cone Locator	0-999		Y	Narrative of medical necessity
D5986	Fluoride Gel Carrier	0-999		Y	Narrative of medical necessity
D5987	Commissure Splint	0-999		Y	Narrative of medical necessity
D5988	Surgical Splint	0-999		Y	Narrative of medical necessity
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999		Y	Description of procedure and narrative of medical necessity
D6089	Accessing and Retorquing Loose Implant Screw -Per Screw	0-999		Y	Current x-rays of area, Narrative of necessity
D6197	Replacement of Restorative Material Used to Close an Access Opening of a Screw-retained Implant Supported Prosthesis, per implant	0-999		Y	Narrative of medical necessity
D6710	Retainer Crown - Indirect Resin Based Composite	0-999		Y	Periapical & Narrative
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0-999	1 per code per tooth every Lifetime	N	
D6980	Fixed Partial Denture Repair	0-999	1 per code per tooth every Lifetime	N	
D7111	Extraction, Coronal Remnants - PrimaryTooth	0-999	1 per code per tooth every Lifetime	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	1 per code per tooth every Lifetime	N	
D7210	Extraction, Erupted Tooth	0-999	1 per code per tooth every Lifetime	N	
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per code per tooth every Lifetime	N	
D7230	Removal Of Impacted Tooth - Partially Bony	0-999	1 per code per tooth every Lifetime	N	
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	1 per code per tooth every Lifetime	N	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	1 per code per tooth every Lifetime	N	
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999	1 per code per tooth every Lifetime	N	
D7260	Oroantral Fistula Closure	0-999	2 per code every Lifetime	N	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0-999	1 per code per tooth every Lifetime	N	
D7280	Exposure of an Unerupted Tooth	0-999	1 per code per tooth every Lifetime	N	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-999	1 per code per tooth every Lifetime	N	
D7284	Excisional Biopsy of Minor Salivary Glands	0-999		Y	Narrative of medical necessity
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999		N	
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999		N	
D7290	Surgical Repositioning Of Teeth	0-999	1 per code per tooth every Lifetime	N	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-999	1 per code per tooth every Lifetime	N	
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	0-999	1 per code per quadrant every Lifetime	N	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	1 per code per quadrant every Lifetime	N	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0-999	1 per code per quadrant every Lifetime	N	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0-999	1 per code per quadrant every Lifetime	N	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0-999		N	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0-999		N	
D7412	Excision Of Benign Lesion, Complicated	0-999		N	
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0-999		N	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	0-999		N	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999		N	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999		N	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999		N	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999		N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	0-999		N	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999	2 per code per arch every Lifetime	N	
D7472	Removal Of Torus Palatinus	0-999	1 per code every Lifetime	N	
D7473	Removal Of Torus Mandibularis	0-999	2 per code every Lifetime	N	
D7490	Radical Resection Of Maxilla Or Mandible	0-999	1 per code every Lifetime	N	
D7509	Marsupialization of Odontogenic Cyst	0-999	2 per code every Lifetime	N	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999	2 per code every Lifetime	N	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999	2 per code every Lifetime	N	
D7530	Removal Of Foreign Body From Mucosa	0-999	1 per code every Lifetime	N	
D7540	Removal Of Reaction Producing Foreign Bodies	0-999	1 per code every Lifetime	N	
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	0-999		N	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	0-999		N	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	0-999		N	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0-999		N	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	0-999		N	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0-999		N	
D7650	Malar And/Or Zygomatic Arch - Open Reduction	0-999		N	
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	0-999		N	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0-999		N	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0-999		N	
D7710	Maxilla - Open Reduction	0-999		N	
D7720	Maxilla - Closed Reduction	0-999		N	
D7730	Mandible - Open Reduction	0-999		N	
D7740	Mandible - Closed Reduction	0-999		N	
D7750	Malar And/Or Zygomatic Arch - Open Reduction	0-999		N	
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	0-999		N	
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0-999		N	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	0-999		N	
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0-999		N	
D7911	Complicated Suture - Up To 5 Cm	0-999		N	
D7912	Complicated Suture - Greater Than 5 Cm	0-999		N	
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	0-999		N	
D7939	Indexing for Osteotomy Using Dynamic Robotic Assisted or Dynamic Navigation	0-999		Y	Narrative of medical necessity



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7940	Osteoplasty - For Orthognathic Deformities	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7941	Osteotomy - Mandibular Rami	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7944	Osteotomy - Segmented Or Subapical	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7945	Osteotomy - Body Of Mandible	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7946	Lefort I - (Maxilla - Total)	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7961	Buccal / Labial Frenectomy (frenulectomy)	0-999		N	
D7962	Lingual Frenectomy (frenulectomy)	0-999		N	
D7970	Excision Of Hyperplastic Tissue - Per Arch	0-999		N	
D7971	Excision Of Pericoronal Gingiva	0-999		N	
D7979	Non-Surgical Sialolithotomy	0-999		N	
D7980	Surgical Sialolithotomy	0-999		N	
D7981	Excision Of Salivary Gland, By Report	0-999		N	
D7982	Sialodochoplasty	0-999		N	
D7983	Closure Of Salivary Fistula	0-999		N	
D7990	Emergency Tracheotomy	0-999		N	
D7991	Coronoidectomy	0-999	2 per code every Lifetime	Y	Narrative of medical necessity and x-rays as appropriate
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7996	Implant - Mandible For Augmentation Purposes (Exc Alveolar Ridge)	0-999		Y	Narrative of medical necessity and x-rays as appropriate
D7999	Unspecified Oral Surgery Procedure, By Report	0-999		Y	Description of service, narrative of medical necessity, x-rays or photos (optional)
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-999	1 per code every Lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, tx plan
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-999	1 per code every Lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, tx plan
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-999	1 per code every Lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, tx plan
D8210	Removable Appliance Therapy	0-999	2 per code every Lifetime	Y	FMX or panoramic and narrative of medical necessity
D8220	Fixed Appliance Therapy	0-999	2 per code every Lifetime	Y	FMX or panoramic and narrative of medical necessity
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0-999	1 per code every 6 Months	Y	Narrative of medical necessity; (D8660 submitted with D8080 form paid only on denied D8080)



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D8999	Unspecified Orthodontic Procedure, By Report	0-999		Y	COC & ADA forms, Prior approval w/pay hx/ if pp/comm- Original diag, model images
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	0-999	1 per code every Day	Y	Treatment plan and narrative of medical necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 per code every Day	Y	Treatment plan and narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999	8 per code every Day	Y	Treatment plan and narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0-999	1 per code every Day	N	
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	0-999	1 per code every Day	Y	Treatment plan and narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	0-999	8 per code every Day	Y	Treatment plan and narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation	0-999	1 per code every Day	N	
D9410	House/Extended Care Facility Call	0-999	1 per code every Day	N	
D9420	Hospital Or Ambulatory Surgical Center Call	0-999	1 per code every Day	N	
D9610	Therapeutic Parenteral Drug, Single Administration	0-999	1 per code every Day	N	
D9920	Behavior Management, By Report	0-999		N	
D9938	Fabrication of a Custom Removable Clear Plastic Temporary Aesthetic Appliance	0-999		Y	Narrative of medical necessity
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	0-999	1 per code every Lifetime	Y	Sleep study and diagnosis from physician
D9949	Repair of custom sleep apnea appliance	0-999	2 per code every Lifetime	Y	Sleep study and diagnosis from physician or approved D9947
D9954	Fabrication and Delivery of Oral Appliance Therapy (OAT) Morning Repositioning Device	0-999		Y	Sleep study from physician, Narrative of medical necessity
D9955	Oral Appliance Therapy (OAT) Titration Visit	0-999		Y	Narrative of medical necessity
D9957	Screening for Sleep Related Breathing Disorders	0-999		Y	Narrative of medical necessity
D9986	Missed Appointment	0-999		N	
D9987	Cancelled Appointment	0-999		N	
D9995	Teledentistry - Synchronous; Real-Time Encounter	0-999	1 per code every Day	N	
D9999	Unspecified Adjunctive Procedure, By Report	0-999		Y	Description of procedure and narrative of medical necessity



**NM HANDICAPPING LABIO-LINGUAL DEVIATIONS**

**(The HLD Index No. 4)**

You will need this score sheet and a Boley Gauge.

**Procedure:**

- 1) Occlude patient in centric position.
- 2) Record all measurements in the order given, and rounded off to the nearest millimeter.
- 3) ENTER SCORE "O" IF CONDITION IS ABSENT.
- 4) Start by measuring OVERJET of the most protruding incisor.
- 5) Measure OVERBITE from the labio-incisal edge of overlapped front tooth or teeth to point of maximum coverage.
- 6) Score all other conditions listed.
- 7) ECTOPIC ERUPTION and ANTERIOR CROWDING<sup>1</sup>: DO NOT DOUBLE SCORE. Record the more serious condition and follow your first impression.
- 8) The use of a recorder (hygienist, assistant) is recommended.

PRINT: Patient's Name: \_\_\_\_\_ Examiner: \_\_\_\_\_

Recorder: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City/County

State

Zip Code

**A** \_\_\_\_\_ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present and score no further)

- 1) Cleft palate deformities and other significant craniofacial anomalies. \_\_\_\_\_
- 2) Deep impinging overbite, when the lower incisors are touching the soft tissue. \_\_\_\_\_  
This does not include occasional biting of the cheek.
- 3) Cross bite of individual anterior teeth in contact with soft tissue or the presence of more than two teeth in crossbite. \_\_\_\_\_
- 4) Impacted permanent cuspids and/or surgical intervention. The does not include cases where cuspids or incisors will erupt ectopically. \_\_\_\_\_
- 5) Overjet in excess of 7mm \_\_\_\_\_

**B** \_\_\_\_\_ CONDITIONS 7-14 MUST SCORE 26 POINTS OR MORE TO QUALIFY

- 6) Severe traumatic deviations 15= \_\_\_\_\_
- 7) Overjet in mm x1= \_\_\_\_\_
- 8) Overbite in mm x1= \_\_\_\_\_
- 9) Mandibular protrusion in mm x5= \_\_\_\_\_
- 10) Open bite in mm x1= \_\_\_\_\_
- 11) Ectopic eruption, (# of teeth, excluding third molars) x3= \_\_\_\_\_
- 12) Anterior Crowding<sup>1</sup>: Maxilla: \_\_\_\_\_ Mandible: \_\_\_\_\_ x5 ea. \_\_\_\_\_
- 13) Labio-lingual spread, in mm (anterior spacing) x1= \_\_\_\_\_
- 14) Posterior unilateral crossbite x 4= \_\_\_\_\_

A score of 26 and over constitutes a PHYSICAL HANDICAP.

**C** \_\_\_\_\_ MEDICAL NECESSITY (indicate with an "X" for consideration)

If none of the auto qualifier or the minimum score of 26 is met, then the following indicators may be considered in the determination of medical necessity:

- a. A medical condition and/or a nutritional deficiency with medical physiological impact, that is documented in the physician progress notes that predate the diagnosis and request for orthodontics. The condition must be non-responsive to medical treatment without orthodontic treat.
- b. A medical condition and/or a nutritional deficiency with medical physiological impact, that is documented in the physician progress notes that predate the diagnosis and request for orthodontics. The condition must be non-responsive to medical treatment without orthodontic treat.



## HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORING INSTRUCTIONS

The intent of the HLD Index is to measure the presence or absence, and the degree of the handicap caused by the components of the Index, and not to diagnose "malocclusion". All measurements are made with a Boley Gauge scaled in millimeters. Absence of any conditions must be recorded by entering "0". (Refer to attached scoresheet.)

The following information should help clarify the categories on the HLD Index:

1. Cleft Palate Deformities: Indicate an "X" on the scoresheet. (This condition is considered to be handicapping malocclusion.)
2. Deep Impinging Overbite: Indicate an "X" on the scoresheet when lower incisors are destroying the soft tissue of the palate. (This condition is considered to be handicapping malocclusion.)
3. Crossbite of Individual Anterior Teeth: Indicate an "X" on the scoresheet when destruction of soft tissue is present. (This condition is considered to be handicapping malocclusion.)
4. Impacted permanent cuspids and/or surgical intervention: Indicate an "X" on the scoresheet. (This condition is considered to be handicapping malocclusion.)
5. Overjet in excess of 7 mm: Indicate an "X" on the scoresheet. (This condition is considered to be handicapping malocclusion.)
6. Severe Traumatic Deviations: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. The presence of severe traumatic deviations is indicated by a score of 15 of the scoresheet.
7. Overjet in Millimeters: This is recorded with the patient in the centric relationship and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet.
8. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the scoresheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
9. Mandibular Protrusion in Millimeters: Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the scoresheet and multiplied by 5. A reverse overbite, if present, should be shown under "overbite".
10. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters. This measurement is entered on the scoresheet and multiplied by 4. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
11. Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by 3. If condition No. 10, anterior crowding, is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
12. Anterior Crowding: Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If condition No. 9, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
13. Labio-Lingual Spread: The Boley Gauge is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.
14. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the scoresheet.



## **B.4 Orthodontic Continuity of Care (COC)**

Providers may submit Continuity of Care (COC) requests using three (3) methods of submission:

- 1.** Online via the provider web portal (Dental Hub) at [UHCdentalproviders.com](https://www.uhc.com/dentalproviders)
- 2.** Electronic submission via payer ID GP133
- 3.** By mail to:  
UnitedHealthcare Community Plan of New Mexico Turquoise Care  
P.O. Box 588  
Milwaukee, WI 53201

All COC requests must be submitted on the ADA claim form and must include the following contents:

- Code D8999 to recognize COC case
- Completed “Orthodontic Continuation of Care Form”
- A copy of Member’s prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees (all that apply)
- If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).



# Orthodontic Continuation of Care Submission Form



## Orthodontic Continuation of Care Submission Form

Date: \_\_\_\_\_

### Patient information

Name (first & last):	Date of birth:	Medicaid ID#:
Address:	City, State, ZIP:	
Area code and phone number:	Plan name:	

### Provider information

Dentist name:	Provider NPI #:	Specialty:
Address:	City, State, ZIP:	
Area code and phone number:		

Name of previous Medicaid vendor that issued original approval: \_\_\_\_\_

Banding date:	Case rate approved by previous vendor:
Amount paid for dates of service that occurred prior to UnitedHealthcare:	
Amount owed, if any, for dates of service that occurred prior to UnitedHealthcare:	
Balance expected for future dates of service:	
Numbers of adjustments remaining:	

### Additional information required:

- If the member is transferring from an existing Medicaid program:  
A copy of the original orthodontic approval with related payment history.
- If the member was previously private pay or transferring from a commercial insurance program, continuation of care will be denied. The provider must submit a new request to the Auth address for a brand new D8070, D8080 or D8090 which must include all original records. The case must be reviewed as if the treatment had never started to determine if it would meet the state's Medicaid guidelines for respective case approval.

**Submit to:** UnitedHealthcare Dental  
Attn: Pre-authorizations  
P.O. Box 588  
Milwaukee, WI 53201-2906  
**1-888-445-9817**

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