

UnitedHealthcare Community Plan of New York Child Health Plus (CHP) 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 included in your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.



Provider services

Phone: **1-800-304-0634**

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

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



Prior authorization

UnitedHealthcare Community Plan NY
Attn: Prior Authorization
P.O. Box 2067
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan NY
Attn: Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131
Toll-free: **1-800-493-4647**



Claims

UnitedHealthcare
Community Plan NY
Attn: Claims
P.O. Box 2061
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare
Community Plan NY
Attn: Claims Disputes
P.O. Box 31364
Salt Lake City, UT 84131

Corrected claims

UnitedHealthcare
Community Plan NY
Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

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

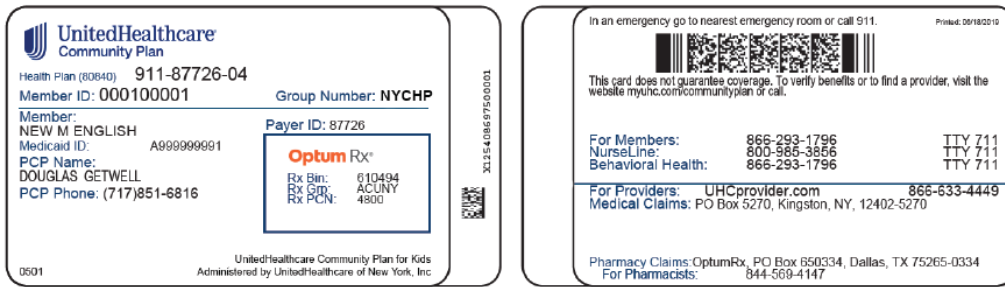
Important notes

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



**Dental Benefit
Providers®**

Sample member ID card



Prior Authorization

All procedures that contain a “YES” in the “AUTH” section below will require prior authorization. To request a prior authorization, complete a standard ADA claim form, check the box marked “Pre-Treatment Estimate” and submit the required documentation. This may be sent via the provider portal, submitted electronically via your clearinghouse, or mailed to the above Prior Authorizations address. The documents required to complete the authorization review are listed in the Clinical Documentation section below. Prior Authorization is not a guarantee of payment.

Limitations

Procedures are limited to the frequency limits listed in the Limitations section below.

- “Plan Year” refers to a single calendar year (i.e. 01/01/2025-12/31/2025)
- A “Floating Year” is based on the date of service. For instance, if a procedure is allowed once every two Floating Years and the treatment is provided on 06/01/2023, the patient will not be eligible for this procedure again until 06/01/2025.
- Codeset Limits: Any procedures that include a Codeset Limitation have limitations that are connected to other procedures. For instance, Bitewings are limited to one set per six months. This Codeset includes four procedures: D0270, D0272, D0273, D0274.

Orthodontics for severe physically handicapping malocclusions:

Orthodontic covered services include orthodontic care for severe physically handicapping malocclusions as a once in a lifetime benefit that will be reimbursed for an eligible member for a maximum of three years of active orthodontic care, plus one year of retention care. Retreatment for relapsed cases is not a covered service.

Treatment must be pre-approved and active therapy must begin (appliances placed and activated) prior to an eligible member’s 19th birthday. Treating providers must complete the “Standard New York CHIP Benefit Orthodontic Review Form” along with cephalometric image, panoramic image, 5-7 intraoral photographs. The form can be found in this QRG or at UHCdental.com/medicaid.

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.

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D0120	Periodic Oral Exam	1 per code every 6 Months	No	
D0140	Limited Oral Evaluation - Problem Focused		No	
D0145	Oral Evaluation, Patient Under Three		No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 per code every 12 Months	No	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	2 per code every 12 Months	No	
D0170	Re-Evaluation - Limited, Problem Focused		No	
D0180	Comprehensive periodontal evaluation	2 per code every 12 Months	No	
D0210	Intraoral - Comprehensive Series of Radiographic Images	1 per code every 36 Months	No	
D0220	Intraoral - Periapical First Radiographic Image		No	
D0230	Intraoral - Periapical Each Additional Image		No	
D0240	Intraoral - Occlusal Radiographic Image	2 per code every 36 Months	No	
D0250	Extraoral - 2D Projection Radiographic image		No	
D0251	Extra-Oral Posterior Dental Radiographic Image	2 per code every 12 Months	No	
D0270	Bitewing - Single Radiographic Image	2 per code every 12 Months	No	
D0272	Bitewings - Two Radiographic Images	2 per code every 12 Months	No	
D0273	Bitewings - Three Radiographic Images	2 per code every 12 Months	No	
D0274	Bitewings - Four Radiographic Images	2 per code every 12 Months	No	
D0310	Sialography		No	
D0320	Temporomandibular Joint Arthrogram, Including Injection		No	
D0321	Other Temporomandibular Joint Radiographic Images, By Report		No	
D0330	Panoramic Radiographic Image	1 per code every 36 Months	No	
D0340	2D Cephalometric Radiographic Image	1 per code every 12 Months	No	
D0350	Oral/Facial Photographic Images	1 per code every 12 Months	No	
D0364	Cone Beam - Less Than One Whole Jaw		Yes	Panoramic, narrative of medical necessity
D0365	Cone Beam - One Full Dental Arch - Mandible		Yes	Panoramic, narrative of medical necessity
D0366	Cone Beam - One Full Dental Arch - Maxilla		Yes	Panoramic, narrative of medical necessity
D0367	Cone Beam - Both Jaws	1 per code every 5 Years	Yes	Panoramic, narrative of medical necessity
D0368	Cone Beam o TMJ Series		Yes	Panoramic, narrative of medical necessity
D0470	Diagnostic Casts	1 per code every 24 Months	No	
D0474	Accession Of Tissue, Gross And Microscopic Examination		No	
D0502	Other Pathology Procedures, By Report	2 per code every 12 Months	No	
D0999	Unspecified Diagnostic Procedures, By Report			
D1110	Prophylaxis - Adult (age 13 and above)	2 per code every 12 Months	No	
D1120	Prophylaxis - Child (age 0-12)	2 per code every 12 Months	No	
D1206	Topical Application Of Fluoride Varnish	4 per code every 12 Months 2 per code every 12 Months	No	

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Code	Description of service	Frequency limits	Prior auth required	Required documents
D1208	Topical Application of Fluoride	4 per code every 12 Months 2 per code every 12 Months	No	
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	2 per code every 12 Months	No	
D1351	Sealant - Per Tooth	1 per code per tooth every 36 Months	No	
D1510	Space Maintainer - Fixed - Unilateral - per quadrant		No	
D1516	Space Maintainer - Fixed - Bilateral, maxillary		No	
D1517	Space Maintainer - Fixed - Bilateral, mandibular		No	
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	1 per code every Accum Year	No	
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	1 per code every Accum Year	No	
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	1 per code per quadrant every Accum Year	No	
D1575	Distal shoe space maintainer - fixed - per quadrant	1 per code per quadrant every Accum Year	No	
D1999	Unspecified Preventative Procedure , By Report	1 per code per Day	Yes	Current dated Radiographs of area, Narrative describing nature and necessity of procedure, Photos and/or clinical chart as needed
D2140	Amalgam - One Surface, Primary Or Permanent		No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent		No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent		No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent		No	
D2330	Resin-Based Composite - One Surface, Anterior		No	
D2331	Resin-Based Composite - Two Surfaces, Anterior		No	
D2332	Resin-Based Composite - Three Surfaces, Anterior		No	
D2335	Resin-Based Composite - four or more surfaces (anterior)		No	
D2390	Resin-Based Composite Crown, Anterior		No	
D2391	Resin-Based Composite - One Surface, Posterior		No	
D2392	Resin-Based Composite - Two Surfaces, Posterior		No	
D2393	Resin-Based Composite - Three Surfaces, Posterior		No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior		No	
D2710	Crown - Resin-Based Composite (Indirect)	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2720	Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2721	Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2722	Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2740	Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2750	Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2752	Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes	Pre-op Xrays, narr, specific tests if cracked tth synd, post RCT PA (if RCT)
D2780	Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D2781	Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2782	Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2790	Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2791	Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2792	Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2794	Crown - titanium and titanium alloys	1 per code per tooth every 5 Years	No	
D2920	Re-Cement or Re-Bond Crown		No	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		No	
D2931	Prefabricated Stainless Steel Crown - permanent tooth		No	
D2932	Prefabricated Resin Crown	1 per code per tooth every 24 Months	No	
D2933	Prefabricated Stainless Steel Crown With Resin Window		No	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	1 per code per tooth every 5 Years	No	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	1 per code per tooth every 12 Months	No	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	1 per code per tooth every 5 Years	Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2954	Prefabricated Post And Core In Addition To Crown	1 per code per tooth every 5 Years	Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2955	Post Removal		No	
D2980	Crown Repair		Yes	Description of procedure and narrative of medical necessity
D2999	Unspecified Restorative Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D3220	Therapeutic Pulpotomy	1 per code per tooth every Lifetime	No	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	1 per code per tooth every Lifetime	No	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	1 per code per tooth every Lifetime	No	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1 per code per tooth every Lifetime	Yes	FMX or panoramic, fill x-ray with claim
D3351	Apexification / Recalcification - Initial Visit	1 per code per tooth every Lifetime	No	
D3352	Apexification / Recalcification - Interim	1 per code per tooth every Lifetime	No	
D3353	Apexification / Recalcification - Final Visit	1 per code per tooth every Lifetime	No	

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D3410	Apicoectomy - Anterior	1 per code per tooth every Lifetime	No	
D3421	Apicoectomy - Premolar (First Root)	1 per code per tooth every Lifetime	No	
D3425	Apicoectomy - Molar (First Root)	1 per code per tooth every Lifetime	No	
D3426	Apicoectomy - Each Additional Root)	1 per code per tooth every Lifetime	No	
D3430	Retrograde Filling - Per Root	3 per code per tooth every Lifetime	No	
D3999	Unspecified Endodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	1 per code per quadrant every 24 Months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	1 per code per quadrant every 24 Months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes	Periodontal charting and pre-op x-rays
D4910	Periodontal Maintenance	2 per code every 12 Months	Yes	Date of previous perio surgical or S&C service with claim
D4999	Unspecified Periodontal Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5120	Complete Denture - Mandibular	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5211	Maxillary Partial Denture - Resin Base	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5212	Mandibular Partial Denture - Resin Base	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5213	maxillary partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5214	mandibular partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5225	maxillary partial denture - flexible base (including any retentive clasping mate	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5226	mandibular partial denture - flexible base (including any retentive clasping mat	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5410	Adjust Complete Denture - Maxillary	1 per code every 6 Months	No	
D5411	Adjust Complete Denture - Mandibular	1 per code every 6 Months	No	
D5421	Adjust Partial Denture - Maxillary	1 per code every 6 Months	No	
D5422	Adjust Partial Denture - Mandibular	1 per code every 6 Months	No	

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Code	Description of service	Frequency limits	Prior auth required	Required documents
D5511	Repair Broken Complete Denture Base - Mandibular		No	
D5512	Repair Broken Complete Denture Base - Maxillary		No	
D5520	Replace missing or broken teeth - complete denture (each tooth) - per tooth		No	
D5611	Repair Resin Partial Denture Base - Mandibular		No	
D5612	Repair Resin Partial Denture Base - Maxillary		No	
D5621	Repair Cast Partial Framework - Mandibular		No	
D5622	Repair Cast Partial Framework - Maxillary		No	
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	1 per code per tooth every 6 Months	No	
D5640	Replace missing or broken teeth - partial denture - per tooth	1 per code per tooth every 6 Months	No	
D5650	Add tooth to existing partial denture - per tooth		No	
D5660	Add Clasp To Existing Partial Denture - Per Tooth		No	
D5710	Rebase Complete Maxillary Denture	1 per code every 12 Months	No	
D5711	Rebase Complete Mandibular Denture	1 per code every 12 Months	No	
D5720	Rebase Maxillary Partial Denture	1 per code every 12 Months	No	
D5721	Rebase Mandibular Partial Denture	1 per code every 12 Months	No	
D5730	reline complete maxillary denture (direct)	1 per code every 12 Months	No	
D5731	reline complete mandibular denture (direct)	1 per code every 12 Months	No	
D5740	reline maxillary partial denture (direct)	1 per code every 12 Months	No	
D5741	reline mandibular partial denture (direct)	1 per code every 12 Months	No	
D5750	reline complete maxillary denture (indirect)	1 per code every 12 Months	No	
D5751	reline complete mandibular denture (indirect)	1 per code every 12 Months	No	
D5760	reline maxillary partial denture (indirect)	1 per code every 12 Months	No	
D5761	reline mandibular partial denture (indirect)	1 per code every 12 Months	No	
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	1 per code every 12 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form)
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	1 per code every 12 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form)
D5850	Tissue Conditioning, Maxillary	1 per code every 12 Months	No	
D5851	Tissue Conditioning, Mandibular	1 per code every 12 Months	No	
D5899	Unspecified Removable Prosthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D5911	Facial Moulage (Sectional)		No	
D5912	Facial Moulage (Complete)		No	
D5913	Nasal Prosthesis		No	
D5914	Auricular Prosthesis		No	
D5915	Orbital Prosthesis		No	
D5916	Ocular Prosthesis		No	
D5919	Facial Prosthesis		No	
D5922	Nasal Septal Prosthesis		No	

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Code	Description of service	Frequency limits	Prior auth required	Required documents
D5923	Ocular Prosthesis, Interim		No	
D5924	Cranial Prosthesis		No	
D5925	Facial Augmentation Implant Prosthesis		No	
D5926	Nasal Prosthesis, Replacement		No	
D5927	Auricular Prosthesis, Replacement		No	
D5928	Orbital Prosthesis, Replacement		No	
D5929	Facial Prosthesis, Replacement		No	
D5931	Obturator Prosthesis, Surgical		No	
D5932	Obturator Prosthesis, Definitive		No	
D5933	Obturator Prosthesis, Modification		No	
D5934	Mandibular Resection Prosthesis With Guide Flange		No	
D5935	Mandibular Resection Prosthesis Without Guide Flange		No	
D5936	Obturator Prosthesis, Interim		No	
D5937	Trismus Appliance (Not For Tmd Treatment)		No	
D5951	Feeding Aid		No	
D5952	Speech Aid Prosthesis, Pediatric		No	
D5953	Speech Aid Prosthesis, Adult		No	
D5954	Palatal Augmentation Prosthesis		No	
D5955	Palatal Lift Prosthesis, Definitive		No	
D5958	Palatal Lift Prosthesis, Interim		No	
D5959	Palatal Lift Prosthesis, Modification		No	
D5960	Speech Aid Prosthesis, Modification		No	
D5982	Surgical Stent		No	
D5983	Radiation Carrier		No	
D5984	Radiation Shield		No	
D5985	Radiation Cone Locator		No	
D5986	Fluoride Gel Carrier		No	
D5987	Commissure Splint		No	
D5988	Surgical Splint		No	
D5999	Unspecified Maxillofacial Prosthesis, By Report		Yes	Description of procedure and narrative of medical necessity
D6210	Pontic - Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6211	Pontic - Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6212	Pontic - Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6214	pontic - titanium and titanium alloys	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6240	Pontic - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6242	Pontic - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6243	Pontic - porcelain fused to Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes	Full arch radiographs w/Charting of missing teeth
D6245	Pontic - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6250	Pontic - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays

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Code	Description of service	Frequency limits	Prior auth required	Required documents
D6251	Pontic - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6252	Pontic - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6720	Retainer Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6721	Retainer Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6722	Retainer Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6740	Retainer Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6752	Retainer Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes	Full arch radiographs w/Charting of missing teeth
D6780	Retainer Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	No	
D6782	Retainer Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	No	
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1 per code per tooth every 5 Years	No	
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes	Full arch radiographs w/Charting of missing teeth
D6790	Retainer Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6791	Retainer Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6792	Retainer Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6794	retainer crown - titanium and titanium alloys	1 per code per tooth every 5 Years	No	
D6930	Re-Cement Or Re-Bond Fixed Partial Denture		No	
D6980	Fixed Partial Denture Repair		Yes	Narrative of medical necessity with pre authorization
D6999	Unspecified Fixed Prosthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - Primary Tooth	1 per code per tooth every Lifetime	No	
D7140	Extraction, Erupted Tooth Or Exposed Root	1 per code per tooth every Lifetime	No	
D7210	Extraction, Erupted Tooth	1 per code per tooth every Lifetime	No	
D7220	Removal Of Impacted Tooth - Soft Tissue	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7230	Removal Of Impacted Tooth - Partially Bony	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7240	Removal Of Impacted Tooth - Completely Bony	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7250	Removal Of Residual Tooth (Cutting Procedure)	1 per code per tooth every Lifetime	No	
D7260	Oroantral Fistula Closure		No	
D7261	Primary Closure Of Sinus Perforation		No	

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth		No	
D7272	Tooth Transplantation (Includes Reimplantation)		No	
D7280	Exposure of an Unerupted Tooth	1 per code per tooth every Lifetime	No	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	1 per code per tooth every Lifetime	No	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)		No	
D7286	Incisional Biopsy Of Oral Tissue - Soft		No	
D7287	Exfoliative Cytological Sample Collection		No	
D7290	Surgical Repositioning Of Teeth		No	
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant		No	
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant		No	
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth		No	
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth		No	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth		No	
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth		No	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)		No	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)		No	
D7410	Excision Of Benign Lesion Up To 1.25 Cm		No	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm		No	
D7412	Excision Of Benign Lesion, Complicated		No	
D7413	Excision Of Malignant Lesion Up To 1.25 Cm		No	
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm		No	
D7415	Excision Of Malignant Lesion, Complicated		No	
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm		No	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm		No	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report		No	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)		No	
D7472	Removal Of Torus Palatinus		No	

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7473	Removal Of Torus Mandibularis		No	
D7485	Reduction Of Osseous Tuberosity		No	
D7490	Radical Resection Of Maxilla Or Mandible		No	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue		No	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated		No	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue		No	
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated		No	
D7530	Removal Of Foreign Body From Mucosa		No	
D7540	Removal Of Reaction Producing Foreign Bodies		No	
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone		No	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body		No	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)		No	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)		No	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)		No	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)		No	
D7650	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7660	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth		No	
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth		No	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical		No	
D7710	Maxilla - Open Reduction		No	
D7720	Maxilla - Closed Reduction		No	
D7730	Mandible - Open Reduction		No	
D7740	Mandible - Closed Reduction		No	
D7750	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7760	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7770	Alveolus - Open Reduction Stabilization Of Teeth		No	
D7771	Alveolus - Closed Reduction Stabilization Of Teeth		No	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches		No	
D7810	Open Reduction Of Dislocation		No	
D7820	Closed Reduction Of Dislocation		No	
D7830	Manipulation Under Anesthesia		No	
D7840	Condylectomy		No	
D7850	Surgical Discectomy, With/Without Implant		No	
D7852	Disc Repair		No	

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7854	Synovectomy		No	
D7856	Myotomy		No	
D7858	Joint Reconstruction		No	
D7860	Arthrotomy		No	
D7865	Arthroplasty		No	
D7870	Arthrocentesis		No	
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy		No	
D7873	Arthroscopy - Lavage And Lysis Of Adhesions		No	
D7874	Arthroscopy - Disc Repositioning And Stabilization		No	
D7875	Arthroscopy - Synovectomy		No	
D7876	Arthroscopy - Discectomy		No	
D7877	Arthroscopy - Debridement		No	
D7880	Occlusal Orthotic Device, By Report		No	
D7899	Unspecified Tmd Therapy, By Report		Yes	Description of procedure and narrative of medical necessity
D7910	Suture Of Recent Small Wounds Up To 5 Cm		No	
D7911	Complicated Suture - Up To 5 Cm		No	
D7912	Complicated Suture - Greater Than 5 Cm		No	
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)		No	
D7940	Osteoplasty - For Orthognathic Deformities		No	
D7941	Osteotomy - Mandibular Rami		No	
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft		No	
D7944	Osteotomy - Segmented Or Subapical		No	
D7945	Osteotomy - Body Of Mandible		No	
D7946	Lefort I - (Maxilla - Total)		No	
D7947	Lefort I - (Maxilla - Segmented)		No	
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft		No	
D7949	Lefort Ii Or Lefort Iii - With Bone Graft		No	
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla		No	
D7952	Sinus Augmentation Via A Vertical Approach		No	
D7956	Guided Tissue Regeneration, Edentulous Area - Resorbable Barrier, Per Site	1 per Lifetime per tooth	Yes	Current dated radiograph of area, Narrative of necessity or chart notes indicating type of prosthesis planned and anticipated date of placement
D7957	Guided Tissue Regeneration, Edentulous Area - Non-Resorbable Barrier, Per Site	1 per Lifetime per tooth	Yes	Current dated radiograph of area, Narrative of necessity including planned prosthodontic treatment and timeline
D7961	buccal / labial frenectomy (frenulectomy)		No	
D7962	lingual frenectomy (frenulectomy)		No	
D7970	Excision Of Hyperplastic Tissue - Per Arch		No	
D7971	Excision Of Pericoronal Gingiva		Yes	Periapical & Narrative

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7972	Surgical Reduction Of Fibrous Tuberosity		No	
D7979	Non-Surgical Sialolithotomy		No	
D7980	Surgical Sialolithotomy		No	
D7981	Excision Of Salivary Gland, By Report		No	
D7982	Sialodochoplasty		No	
D7983	Closure Of Salivary Fistula		No	
D7990	Emergency Tracheotomy		No	
D7991	Coronoidectomy		No	
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)		No	
D7998	Intraoral Placement Of A Fixation Device		No	
D7999	Unspecified Oral Surgery Procedure, By Report		No	
D8010	Limited Orthodontic Treatment Of The Primary Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8210	Removable Appliance Therapy	2 per code every Year	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8220	Fixed Appliance Therapy	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan, plan specific ortho form
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	3 per code every Year	No	
D8670	Periodic Orthodontic Treatment Visit	24 per code every Lifetime	Yes	Approved ortho banding or approved D8999/COC code is present on the same auth
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	1 per code every Lifetime	Yes	Diagnostic quality photos
D8695	Removal Of Fixed Orthodontic Appliances	1 per code every Lifetime	Yes	Copy of original approval, banding date, payment history
D8703	Replacement Of Lost Or Broken Rertainer - Maxillary	1 per code every Lifetime	No	
D8704	Replacement Of Lost Or Broken Rertainer - Mandibular	1 per code every Lifetime	No	
D8999	Unspecified Orthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit		No	
D9120	Fixed Partial Denture Sectioning	1 per code per tooth every Lifetime	No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	1 per code every 7 Days per Patient	Yes	Treatment plan and narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	3 per code every 7 Days per Patient	Yes	Treatment plan and narrative of medical necessity
D9224	Administration of General Anesthesia with Advanced Airway - First 15 Minute Increment, or Any Portion Thereof	1 per code every 7 Days per Patient	Yes	Narrative of necessity, Documented type of advanced airway
D9225	Administration of General Anesthesia with Advanced Airway-Each Subsequent 15 Minures	3 per code every 7 Days per Patient	Yes	Narrative of necessity, Documented type of advanced airway
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	1 per code every Day Per Patient	Yes	Narrative of medical necessity with claim
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	1 per code every 7 Days per Patienta	Yes	Treatment plan and narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	3 per code every 7 Days per Patient	Yes	Treatment plan and narrative of medical necessity
D9244	In-office Administration of Minimal Sedation - Single Drug - Enteral	1 per code every Day per Patient	Yes	Under age 21, Narrative documenting the patient-specific diagnosis or behavior indicating clinical necessity and Name of Drug.
D9245	Administration of Moderate Sedation - Enteral	1 per code every Day per Patient	Yes	Narrative documenting the patient-specific diagnosis or behavior indicating clinical necessity and Name of Drug.
D9246	Administration of Moderate Sedation - Non-intravenous Parenteral - First 15 Minute Increment, or Any Portion Thereof	1 per code every Day per Patient	Yes	Under age 21, Narrative documenting the patient-specific diagnosis or behavior indicating clinical necessity and Name of Drug.
D9248	Non-Intravenous Conscious Sedation	1 per code every Day	Yes	Narrative of medical necessity with claim
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	1 per code every 6 Months	No	
D9410	House/Extended Care Facility Call		No	
D9420	Hospital Or Ambulatory Surgical Center Call		No	
D9430	Office Visit For Observation (During Regularly Scheduled Hours)		No	
D9440	Office Visit - After Regularly Scheduled Hours		No	
D9610	Therapeutic Parenteral Drug, Single Administration		No	
D9941	Fabrication Of Athletic Mouthguard		No	
D9942	Repair And/Or Reline Occlusal Guard		No	
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
D9990	Translation Services	2 per code every Day	No	
D9995	Teledentistry - Synchronous; Real-Time Encounter	1 per code every Day	No	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	1 per code every Day	No	

CHP benefit grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D9999	Unspecified Adjunctive Procedure, By Report		Yes	Desc of procedure/ narr of med nec/ name of hospital/OR facility(if necessary)
Q3014	Telehealth facility fee		No	
T1015	FQHC Encounter Payment-ADA			

Standard New York CHIP Benefit Orthodontic Review Form



Standard New York CHP Benefit Orthodontic Review Form

SUBMIT: cephalometric image, panoramic image, 5-7 intraoral photographs, and standard review form.

Orthodontics: We cover orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankyloses of the temporomandibular joint; and other skeletal dysplasia.

Provider Name:
Patient Name:
Date

Indicate an "X" if present

- Cleft palate and/or Cleft lip
- Maxillary/mandibular micrognathia (underdeveloped upper or lower jaw)
- Extreme mandibular prognathism
- Severe asymmetry (craniofacial anomalies)
- Ankyloses of the temporomandibular joint
- Other skeletal dysplasia

Include a narrative of medical necessity here:



**Dental Benefit
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