UnitedHealthcare Community Plan of District of Columbia Dual Choice Medicaid Dental Quick Reference Guide

Effective: 2025

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 verification code included in your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.

Provider services

Phone: **1-866-321-2789**
8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)

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

Prior authorization

UnitedHealthcare Dental
Authorizations
P.O. Box 2053
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
P.O. Box 361
Milwaukee, WI 53201

Claims

UnitedHealthcare Dental Claims
P.O. Box 2176
Milwaukee, WI 53201

EDI Payer ID

GP133

Corrected claims

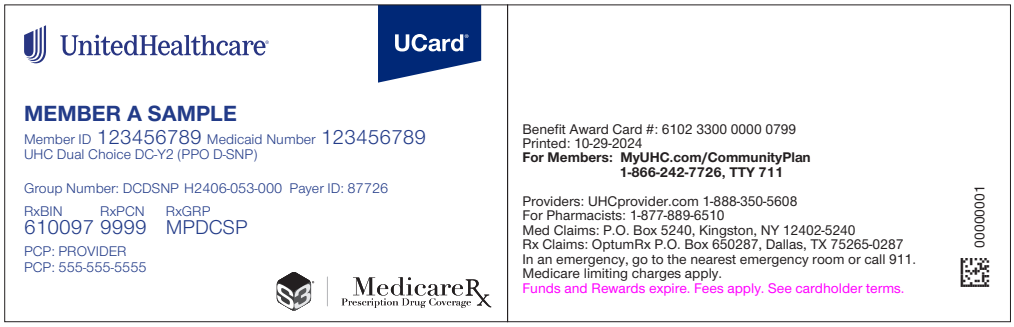
UnitedHealthcare Dental
Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

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.

Identification card



Benefit coverage, limitations, and requirements

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements. This table is subject to change. Up to date IHCP covered services may be found at **UHCdental.com/medicaid**.

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D0120	Periodic oral evaluation-established patient	21-999	1 per 6 months	N		
D0140	Limited Oral Evaluation - Problem Focused	21-999	1 per 6 months per provider or location	N		
D0150	Comprehensive oral evaluation-new or established patient	21-999	1 per 6 months Cannot be billed on the same DOS as D4355	N		
D0160	Detailed and Extensive Oral Evaluation- Problem Focused	21-999	1 per 6 months Cannot be billed on the same DOS as D4355	N		
D0170	Re-evaluation-Limited Problem Focused (Established patient; Not Post-Operative Visit)	21-999	1 per 6 months	N		
D0180	Comprehensive Periodontal Evaluation- New or Established Patient	21-999	1 per 12 months Cannot be billed on the same DOS as D0150 and D4355	N		
D0190	Screening of a Patient	21-999		N		
D0191	Assessment of a Patient	21-999		N		
D0210	Intraoral, complete series of radiographic images (including bitewings)	21-999	1 per 3 years Not in conjunction with D0330	N	Additional complete radiographic survey, full series of X-rays, or panoramic X-ray of the mouth requires prior authorization	
D0220	Intraoral, periapical, first radiographic image	21-999	1 per 1 day per location or provider	N		

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D0230	Intraoral, periapical, each additional radiographic image	21-999	Any combination of D0220 and D0230 that exceeds the maximum allowable payment for a full mouth series of radiographs will be reimbursed at the D0210 rate	N		
D0240	Intraoral-occlusal radiographic image	21-999	2 per 1 calendar year	N		
D0270	Bitewing, single radiographic image	21-999	1 per 1 calendar year	N		
D0272	Bitewings, 2 radiographic image	21-999	1 per 1 calendar year	N		
D0274	Bitewings, 4 radiographic image	21-999	1 per 1 calendar year	N		
D0330	Panoramic Radiographic Image	21-999	1 per 3 years Not in conjunction with D0210	N		
D0340	2D Cephalometric Radiographic Image-acquisition measurement and analysis	21-999	1 per 3 calendar year	N		
D0350	2D Oral/Facial Photographic Image obtained intra-orally or extra-orally	21-999	1 per 1 calendar year	N		
D0364	Cone Beam CT capture and interpretation with limited field of view-Less than one whole jaw	21-999	1 per 1 calendar year	Y	Narrative of necessity Reason traditional radiographs would be insufficient	• Documentation describes medical necessity and why radiographic images would not be appropriate/ sufficient to safely render treatment
D0365	Cone Beam CT capture and interpretation with field of view of one full dental arch-Maxilla, with or without Cranium	21-999	1 per 1 calendar year	Y	Narrative of necessity Reason traditional radiographs would be insufficient	• Documentation describes medical necessity and why radiographic images would not be appropriate/ sufficient to safely render treatment
D0366	Cone Beam CT capture and interpretation with field of view of Both Jaws, with or without Cranium	21-999	1 per 1 calendar year	Y	Narrative of necessity Reason traditional radiographs would be insufficient	• Documentation describes medical necessity and why radiographic images would not be appropriate/ sufficient to safely render treatment
D0367	Cone Beam CT capture and interpretation with field of view of Both Jaws, with or without Cranium	21-999	1 per 1 calendar year	Y	Narrative of necessity Reason traditional radiographs would be insufficient	• Documentation describes medical necessity and why radiographic images would not be appropriate/ sufficient to safely render treatment
D0460	Pulp Vitality Tests	21-999	1 per 1 calendar day per provider	N		
D0470	Diagnostic Casts	21-999		N		
D0604	Antigen Testing for a public health related pathogen, including coronavirus	21-999		N		
D1110	Prophylaxis, adult	21-999	1 per 6 months	N		
D1206	Topical application of fluoride varnish	21-999	1 per 6 months	N		
D1208	Topical application of fluoride	21-999	1 per 6 months	N		

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D1321	Counseling for the Control and Prevention of Adverse Oral, Behavioral, and Systemic Health Effects	21-999		N		
D1351	Sealant - per tooth	21-999	1 per lifetime per tooth	N		
D2140	Amalgam- one surface, primary or permanent	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2150	Amalgam, 2 surfaces, primary or permanent	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2160	Amalgam, 3 surfaces, primary or permanent	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2161	Amalgam, 4 or more surfaces, primary or permanent	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2330	Resin-Based Composite One Surface, Anterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2331	Resin-Based Composite Two Surfaces, Anterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2332	Resin-Based Composite Three Surfaces, Anterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2335	Resin-Based Composite Four or More Surfaces or Involving Incisal Angle, (Anterior)	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2391	Resin-Based Composite One Surface, Posterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2392	Resin-Based Composite Two Surfaces, Posterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2393	Resin-Based Composite Three Surfaces, Posterior	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2394	Resin-Based Composite Four or More Surfaces or Involving Incisal Angle, (Posterior)	21-999	1 per 1 calendar year per tooth, per surface, per location	N		
D2710	Crown- Resin Based Composite (Indirect)	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D2722	Crown-Resin with Noble Metal	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)
D2750	Crown Porcelain Fused to High Noble Metal	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)
D2751	Crown Porcelain Fused to Predominantly Base Metal	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)
D2790	Crown- Full Cast High Noble Metal	21-999	1 per 5 calendar years	Y	Radiographs Narrative of necessity	• Anterior- 50% incisal edge or 4+ surfaces involved • Premolar- 1 cusp or 3+ surfaces involved • Must have minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically-acceptable root canal therapy (if applicable)
D2799	Interim Crown- Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	21-999	1 per lifetime	Y	Radiographs Narrative of necessity	• Documentation describes medical necessity and provisional crown need for a minimum of 6 months. • Not to be used as a temporary crown for a routine prosthetic restoration
D2920	Re-cement or Re-bond Crown	21-999		N		
D2928	Prefabricated Porcelain/ Ceramic Crown- Permanent Tooth	21-999	1 per 5 calendar years	N		
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	21-999	1 per 5 calendar years	N		
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	21-999	1 per lifetime	N		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown-Primary Tooth	21-999	1 per 5 calendar years	N		
D2941	Interim Therapeutic Restoration-Primary Dentition	21-999	1 per 1 calendar year	N		
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	21-999	1 per 5 calendar years	Y	Radiographs showing tooth after root canal therapy Narrative of necessity	• Endodontically-treated tooth with insufficient coronal tooth structure remaining (<50%) to support a core or crown.
D2954	Prefabricated Post and Core in Addition to Crown Fabricated	21-999	1 per 5 calendar years	Y	Radiographs showing tooth after root canal therapy Narrative of necessity	• Endodontically-treated tooth with insufficient coronal tooth structure remaining (<50%) to support a core or crown.

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D3110	Pulp Cap Direct Excluding Final Restoration	21-999		N		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	21-999	1 per lifetime	N		
D3310	Endodontic therapy, anterior tooth (Excluding Final Restoration)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Permanent or primary tooth with irreversible pulpitis, necrotic pulp or frank vital pulpal exposure • Teeth with radiographic periapical pathology • Primary teeth without a permanent successor • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support.
D3320	Endodontic therapy, bicuspid tooth (Excluding Final Restoration)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Permanent or primary tooth with irreversible pulpitis, necrotic pulp or frank vital pulpal exposure • Teeth with radiographic periapical pathology • Primary teeth without a permanent successor • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support.
D3330	Endodontic therapy, posterior tooth (Excluding Final Restoration)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Permanent or primary tooth with irreversible pulpitis, necrotic pulp or frank vital pulpal exposure • Teeth with radiographic periapical pathology • Primary teeth without a permanent successor • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support with no furcation involvement
D3346	Retreatment of Previous Root canal therapy (Anterior)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Previously root canal-treated tooth that is sensitive to percussion/temperature • Previously root canal-treated tooth that shows evidence of periapical pathology/fistula • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support with no furcation involvement
D3347	Retreatment of Previous Root canal therapy (Bicuspid)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Previously root canal-treated tooth that is sensitive to percussion/temperature • Previously root canal-treated tooth that shows evidence of periapical pathology/fistula • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support with no furcation involvement
D3348	Retreatment of Previous Root canal therapy (Posterior)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Previously root canal-treated tooth that is sensitive to percussion/temperature • Previously root canal-treated tooth that shows evidence of periapical pathology/fistula • Teeth must have a completely developed root, a good long-term prognosis, and have at least 50% bone support with no furcation involvement
D3351	Apexification/recalcification-initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Incomplete apical closure in a permanent tooth root • External root resorption or when the possibility of external root resorption exists • Perforations or root fractures that do not communicate with oral cavity • Not for a tooth with a completely closed apex

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D3410	Apicoectomy-anterior	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	Covered in the following scenarios: • Failed retreatment of endodontic therapy • When the apex of tooth cannot be accessed due to calcification or another anomaly • When a biopsy of periradicular tissue is Necessary • Where visualization of the periradicular tissues and tooth root is required when perforation or root fracture is suspected • Further diagnosis when post endodontic therapy symptoms persist • A marked over extension of obturating materials interfering with healing Not covered in the following situations: • Unusual bony or root configurations resulting in lack of surgical access • The possible involvement of neurovascular structures • Teeth with a hopeless prognosis
D3421	Apicoectomy-bicuspid (first root)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	Covered in the following scenarios: • Failed retreatment of endodontic therapy • When the apex of tooth cannot be accessed due to calcification or another anomaly • When a biopsy of periradicular tissue is Necessary • Where visualization of the periradicular tissues and tooth root is required when perforation or root fracture is suspected • Further diagnosis when post endodontic therapy symptoms persist • A marked over extension of obturating materials interfering with healing Not covered in the following situations: • Unusual bony or root configurations resulting in lack of surgical access • The possible involvement of neurovascular structures • Teeth with a hopeless prognosis
D3425	Apicoectomy-molar (first root)	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	Covered in the following scenarios: • Failed retreatment of endodontic therapy • When the apex of tooth cannot be accessed due to calcification or another anomaly • When a biopsy of periradicular tissue is Necessary • Where visualization of the periradicular tissues and tooth root is required when perforation or root fracture is suspected • Further diagnosis when post endodontic therapy symptoms persist • A marked over extension of obturating materials interfering with healing Not covered in the following situations: • Unusual bony or root configurations resulting in lack of surgical access • The possible involvement of neurovascular structures • Teeth with a hopeless prognosis

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D3426	Apicoectomy-each additional root	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	Covered in the following scenarios: • Failed retreatment of endodontic therapy • When the apex of tooth cannot be accessed due to calcification or another anomaly • When a biopsy of periradicular tissue is Necessary • Where visualization of the periradicular tissues and tooth root is required when perforation or root fracture is suspected • Further diagnosis when post endodontic therapy symptoms persist • A marked over extension of obturating materials interfering with healing Not covered in the following situations: • Unusual bony or root configurations resulting in lack of surgical access • The possible involvement of neurovascular structures • Teeth with a hopeless prognosis
D3428	Bone Graft in Conjunction with Periradicular Surgery-Per Tooth, Single Site	21-999		Y	Radiograph Narrative of necessity	• Documentation shows medical necessity
D3429	Bone Graft in Conjunction with Periradicular Surgery-Each Additional Contiguous Tooth in the Same Surgical Site	21-999		Y	Radiograph Narrative of necessity	• Documentation describes medical necessity
D3430	Retrograde filling- per root	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Periradicular pathosis and a blockage of the root canal system that could not be obturated by nonsurgical root canal treatment • Persistent periradicular pathosis resulting from an inadequate apical seal that cannot be corrected non-surgically • Root perforations • Resorptive defects
D3432	Guided Tissue Regeneration Resorbable Barrier Site in Conjunction with Periradicular Surgery	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Documentation describes medical necessity
D3450	Root Amputation	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Class III furcation involvement • Untreatable bony defect of one root • Root fracture, root caries, root resorption • Persistent sinus tract or recurrent periapical pathology • Must have at least 75% bone supporting the remaining root(s) • Must have had successful endodontic treatment
D3471	Surgical repair of root resorption- Anterior	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Documentation describes medical necessity • Tooth must show a good prognosis with at least 50% bone support • Tooth must be free of active decay and periodontal disease.
D3472	Surgical repair of root resorption- Premolar	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Documentation describes medical necessity • Tooth must show a good prognosis with at least 50% bone support • Tooth must be free of active decay and periodontal disease.
D3473	Surgical repair of root resorption- Molar	21-999	1 per lifetime	Y	Radiograph Narrative of necessity	• Documentation describes medical necessity • Tooth must show a good prognosis with at least 50% bone support • Tooth must be free of active decay and periodontal disease.

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D4210	Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	21-999	1 per 24 months	Y	Radiograph Narrative of necessity 6 point periodontal chart	• Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects • Generalized probe depths of 5 mm or more
D4211	Gingivectomy or Gingivoplasty- One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	21-999	1 per 24 months	Y	Radiograph Narrative of necessity 6 point periodontal chart	• Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects • Generalized probe depths of 5 mm or more
D4212	Gingivectomy or Gingivoplasty to allow access for restorative procedure, per tooth	21-999		Y	Radiograph Narrative of necessity 6 point periodontal chart	• To restore root surface decay or fracture when non-surgical gingival retraction techniques are insufficient.
D4240	Gingival Flap Procedure, Including Root Planing- Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	21-999	1 per 24 months	Y	Radiograph Narrative of necessity 6 point periodontal chart	Gingival Flap and apically positioned Flap procedures are indicated for the following: • The presence of moderate to deep probing depths Moderate/severe gingival enlargement or extensive areas of overgrowth • Loss of attachment • The need for increased access to root surface and/or alveolar bone when previous non-surgical attempts have been unsuccessful • The need for increased access to root surface and/or alveolar bone when previous non-surgical attempts have been unsuccessful • The diagnosis of a cracked tooth, fractured root or external root resorption when this cannot be accomplished by noninvasive methods • To preserve keratinized tissue in conjunction with Osseous Surgery
D4241	Gingival Flap Procedure, Including Root Planing- One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	21-999	1 per 24 months per quadrant	Y	Radiograph Narrative of necessity 6 point periodontal chart	Gingival Flap and apically positioned Flap procedures are indicated for the following: • The presence of moderate to deep probing depths Moderate/severe gingival enlargement or extensive areas of overgrowth • Loss of attachment • The need for increased access to root surface and/or alveolar bone when previous non-surgical attempts have been unsuccessful • The need for increased access to root surface and/or alveolar bone when previous non-surgical attempts have been unsuccessful • The diagnosis of a cracked tooth, fractured root or external root resorption when this cannot be accomplished by noninvasive methods • To preserve keratinized tissue in conjunction with Osseous Surgery
D4249	Clinical Crown Lengthening Hard Tissue	21-999	1 per lifetime per tooth	Y	Radiograph Narrative of necessity 6-point periodontal chart	• In an otherwise periodontally healthy area to allow a restorative procedure on a tooth with little to no crown exposure • To allow preservation of the biological width for restorative procedures
D4263	Bone Replacement Graft - Retained Natural Tooth First Site in Quadrant	21-999	1 per 24 months	Y	Radiograph Narrative of necessity 6-point periodontal chart	• Infrabony / Intrabony vertical defects • Class II Furcation involvements
D4264	Bone Replacement Graft - Retained Natural Tooth Each Additional Site in Quadrant	21-999	1 per 24 months	Y	Radiograph Narrative of necessity 6-point periodontal chart	• Infrabony / Intrabony vertical defects • Class II Furcation involvements
D4341	Periodontal scaling and root planning, 4 or more teeth per quadrant	21-999	1 per 12 months	Y	Panoramic x-ray or full series 6- point periodontal charting	• Probe depths exceeding 5 mm in conjunction with radiographic evidence of bone loss

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D4342	Periodontal scaling and root planning, One to Three teeth per quadrant	21-999	1 per 12 months	Y	Panoramic x-ray or full series 6- point periodontal charting	• Probe depths exceeding 5 mm in conjunction with radiographic evidence of bone loss
D4346	Scaling in presence of generalized moderate or severe gingival inflammation-Full Mouth after oral evaluation	21-999	1 per 12 months	Y	Panoramic x-ray or full series 6- point periodontal charting	• Moderate or severe inflammation and increased sulcus depths in the absence of attachment loss.
D4355	Full mouth debridement to enable comprehensive	21-999	1 per 36 months	N		
D4910	Periodontal Maintenance	21-999	1 per 6 months	N		
D5110	Complete Denture-maxillary	21-999	1 per 60 months unless prior auth is obtained	N		
D5120	Complete Denture-mandibular	21-999	1 per 60 months unless prior auth is obtained	N		
D5211	Upper partial denture- resin base (including any conventional clasps, rests, and teeth	21-999	1 per 60 months unless prior auth is obtained	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5212	Lower partial denture- resin base (including any conventional clasps, rests, and teeth	21-999	1 per 60 months unless prior auth is obtained	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5213	Maxillary partial dentures-cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth.	21-999	1 per 60 months unless prior auth is obtained	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5214	Mandibular partial denture, cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth	21-999	1 per 60 months unless prior auth is obtained	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials Rests and Teeth)	21-999	1 per lifetime	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials Rests and Teeth)	21-999	1 per lifetime	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/ Clasping Materials Rests	21-999	1 per lifetime	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	21-999	1 per lifetime	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5225	Mandibular partial denture-flexible base (including retentive /clasping materials, rests, and teeth)	21-999	1 per 60 months	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5226	Maxillary partial denture-flexible base (including retentive /clasping materials, rests, and teeth)	21-999	1 per 60 months	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5227	Immediate Maxillary Partial Denture-Flexible Base (Including any clasps, rests, and teeth)	21-999	1 per 60 months	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5228	Immediate Mandibular Partial Denture-Flexible Base (Including any clasps, rests, and teeth)	21-999	1 per 60 months	Y	Panoramic x-ray or full series	• Replacing one or more anterior teeth • Replacing three or more posterior teeth (excluding 3rd molars) • Existing partial denture greater than 5 years old and unserviceable • Abutment teeth have greater than 50% bone support and are restorable
D5511	Repair broken complete denture base – Mandibular	21-999	1 per 12 months	N		
D5512	Repair broken complete denture base – Maxillary	21-999	1 per 12 months	N		
D5520	Replace missing or broken teeth	21-999		N		
D5611	Repair resin denture base – Mandibular	21-999	1 per 12 months	N		
D5612	Repair resin denture base – Maxillary	21-999	1 per 12 months	N		
D5621	Repair cast framework – Mandibular	21-999	1 per 12 months	N		
D5622	Repair cast framework – Maxillary	21-999	1 per 12 months	N		
D5630	Repair or replace broken clasp	21-999		N		
D5640	Replace broken teeth – per tooth	21-999		N		
D5650	Add tooth to existing partial denture	21-999		N		

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D5660	Add clasp to existing partial denture	21-999		N		
D5710	Rebase complete maxillary denture	21-999	1 per 60 months unless prior auth is obtained	N		
D5711	Rebase complete mandibular denture	21-999	1 per 60 months unless prior auth is obtained	N		
D5720	Rebase maxillary partial denture	21-999	1 per 60 months unless prior auth is obtained	N		
D5721	Rebase mandibular partial denture	21-999	1 per 60 months unless prior auth is obtained	N		
D5725	Rebase Hybrid Prosthesis	21-999	1 per 60 months	N		
D5730	Reline complete maxillary denture (chairside)	21-999	1 per 60 months unless prior auth is obtained	N		
D5731	Reline complete mandibular denture (chairside)	21-999	1 per 60 months unless prior auth is obtained	N		
D5740	Reline maxillary partial denture (chairside)	21-999	1 per 60 months unless prior auth is obtained	N		
D5741	Reline mandibular partial denture (chairside)	21-999	1 per 60 months unless prior auth is obtained	N		
D5765	Soft Liner for complete or partial removable denture (indirect)	21-999	1 per 60 months	N		
D6010	Surgical Placement of Implant Body: Endosteal Implant	21-999	4 dental implants per arch will be authorized for the partially edentulous patient. For the completely edentulous patient, 4 in the maxilla and 2 in the mandibular area. 1 per 60 months per Implant site	Y	Panoramic or full mouth series x-rays	• Documentation shows adequate bone and periodontium (from master C&S criteria) • Documentation shows that implants will support single crowns or full denture (interpreted from frequency limitation descriptions in DC manual)
D6056	Prefabricated Abutment-includes modification and placement	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria) • Documentation shows that implants will support single crowns or full denture (interpreted from frequency limitation descriptions in DC manual)

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D6058	Abutment Supported Porcelain/Ceramic Crown	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6081	Scaling and Debridement in the presence of inflammation or mucositis of a single implant including cleaning of the implant surfaces without flap entry and closure	21-999	The dental provider cannot bill for D6081 on the same date of service for the following scenarios: 1) D1110 and D4910 are billed. 2) D4341, D4342, D4240, D4241, are billed for the same quadrant. 1 per 12 months per implant site	Y	Radiographs of area Complete 6-point periodontal charting Narrative of necessity	• Documentation describes medical necessity (from master C&S criteria)
D6082	Implant Supported Crown-Porcelain Fused to Predominantly Base Alloys	21-999	1 per 60 months	Y	• Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6083	Implant Supported Crown-Porcelain Fused to Noble Alloys	21-999	1 per 60 months	Y	• Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6084	Implant Supported Crown-Porcelain Fused to Titanium and Titanium Alloys	21-999	1 per 60 months	Y	• Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6085	Provisional Implant Crown	21-999	1 per lifetime	Y	• Radiographs of implant in place.	• Documentation describes medical necessity (from master C&S criteria)
D6089	Accessing and Retorquing Loose Implant Screw	21-999	1 per 12 months	N		
D6096	Remove Broken Implant Retaining Screw	21-999	1 per lifetime	Y	Narrative of necessity	• Documentation describes medical necessity (from master C&S criteria)
D6097	Abutment Supported Crown-Porcelain Fused to Titanium and Titanium Alloys	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6100	Surgical Removal of Implant body	21-999	1 per lifetime per implant site	Y	Current dated radiographs, narrative of necessity	• Implant Failure
D6101	Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of the exposed implant surfaces including flap entry and closure	21-999		Y	Radiographs of area Complete 6-point periodontal charting Narrative of necessity	• Documentation supports need for debridement at implant site (from master C&S criteria)

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D6102	Debridement and osseous contouring of a peri- implant defect or defects surrounding a single implant and surface cleaning of the exposed implant surfaces including flap entry and closure	21-999		Y	Radiographs of area Complete 6-point periodontal charting Narrative of necessity	• Documentation supports need for debridement at implant site (from master C&S criteria)
D6103	Bone graft for repair of peri-implant defect- does not include flap entry and closure	21-999		Y	Radiographs of area Complete 6-point periodontal charting Narrative of necessity	• Documentation supports need for bone graft at implant site (from master C&S criteria)
D6104	Bone graft at time of implant placement	21-999		Y	Radiographs of area Narrative of necessity	• Documentation supports need for bone graft at implant site (from master C&S criteria)
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch - Maxillary	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch - Mandibular	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6113	Partially Edentulous Arch - Mandibular	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6190	Radiographic/Surgical Implant Index by Report	21-999		Y	Current dated radiographs, narrative of necessity	• Complex implant cases, multiple implant placements, or when anatomical structures require careful navigation.
D6191	Semi-precision Abutment - Placement	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6192	Semi-precision Attachment - Placement	21-999	1 per 60 months	Y	Radiographs of implant in place and osseointegrated	• Documentation shows fully integrated surgical implant with good crown / root ratio (from master C&S criteria) • Healthy bone and periodontium surrounding surgical implant (from master C&S criteria)
D6193	Replacement of an Implant Screw	21-999	1 per dental implant every 24 months If performed within 6 months of the initial prosthesis placement by the same provider, the fees are included in the delivery of the prosthesis.	N		
D7111	Extraction, Coronal Remnants - Primary Tooth	21-999	1 per lifetime per tooth	N		

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D7140	Extraction Erupted Tooth Extraction, Single Tooth	21-999	1 per lifetime per tooth	N		
D7210	Extraction erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	21-999	1 per lifetime per tooth	N		
D7220	Removal of Impacted Tooth-Soft Tissue	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• Recurrent Infection and/or pathology (abscess, cellulitis, pericoronitis that does not respond to conservative treatment) • Non restorable caries, pulpal or periapical lesions or pulpal exposure • Tumor resection • Ectopic position/impinges on the root of an adjacent tooth/horizontal impacted, jeopardizing another molar Not Covered in the following scenarios: • Asymptomatic tooth lacking demonstrative pathology • For pain or discomfort related to normal tooth eruption • For prophylactic reasons other than an underlying medical condition
D7230	Removal of Impacted Tooth Partially Bony	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• Recurrent Infection and/or pathology (abscess, cellulitis, pericoronitis that does not respond to conservative treatment) • Non restorable caries, pulpal or periapical lesions or pulpal exposure • Tumor resection • Ectopic position/impinges on the root of an adjacent tooth/horizontal impacted, jeopardizing another molar Not Covered in the following scenarios: • Asymptomatic tooth lacking demonstrative pathology • For pain or discomfort related to normal tooth eruption • For prophylactic reasons other than an underlying medical condition
D7240	Removal of Impacted Tooth-Completely Bony	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• Recurrent Infection and/or pathology (abscess, cellulitis, pericoronitis that does not respond to conservative treatment) • Non restorable caries, pulpal or periapical lesions or pulpal exposure • Tumor resection • Ectopic position/impinges on the root of an adjacent tooth/horizontal impacted, jeopardizing another molar Not Covered in the following scenarios: • Asymptomatic tooth lacking demonstrative pathology • For pain or discomfort related to normal tooth eruption • For prophylactic reasons other than an underlying medical condition

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D7241	Removal of Impacted Tooth Completely Bony, unusual surgical	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• Recurrent Infection and/or pathology (abscess, cellulitis, pericoronitis that does not respond to conservative treatment) • Non restorable caries, pulpal or periapical lesions or pulpal exposure • Tumor resection • Ectopic position/impinges on the root of an adjacent tooth/horizontal impacted, jeopardizing another molar Not Covered in the following scenarios: • Asymptomatic tooth lacking demonstrative pathology • For pain or discomfort related to normal tooth eruption • For prophylactic reasons other than an underlying medical condition
D7250	Surgical removal of residual tooth roots (cutting	21-999	1 per lifetime per tooth	Y	Panoramic radiograph	• Portion of tooth root remaining following a previous incomplete extraction by a different provider • Not considered for supraerupted root tips secondary to carious loss of tooth structure
D7251	Coronectomy-Intentional Partial Tooth Removal	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• When clinical criteria for extraction of impacted teeth is met • When the removal of complete tooth would likely result in damage to the neurovascular bundle
D7270	Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth	21-999	1 per lifetime per tooth	N		
D7280	Exposure of an unerupted tooth	21-999	1 per lifetime per tooth	Y	Panoramic radiograph Narrative of necessity	• When a normally developing permanent tooth is unable to erupt into a functional position
D7282	Mobilization of Erupted or Malpositioned Tooth to aid eruption	21-999	1 per lifetime per tooth	Y	Radiograph Narrative of necessity	• Indicated for the treatment of ankylosed permanent teeth
D7284	Excisional Biopsy of Minor Salivary Glands	21-999		N		
D7285	Incisional biopsy of oral tissue- Hard (bone, tooth)	21-999		N		
D7286	Incisional biopsy of oral tissue- Soft	21-999		N		
D7310	Alveoloplasty in conjunction with extractions- Four or more teeth or tooth spaces, per quadrant	21-999	1 per lifetime	N		
D7320	Four or more teeth or tooth spaces, per quadrant	21-999	1 per lifetime	N		
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	21-999		Y	Narrative of necessity	• Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction • To complement and complete osseous procedure when reconstructing edentulous bone • To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement • For overall stability of a dental implant and the maintenance of bone health around an implant

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D7350	Vestibuloplasty-ridge extension	21-999		Y	Narrative of necessity	• Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction • To complement and complete osseous procedure when reconstructing edentulous bone • To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement • For overall stability of a dental implant and the maintenance of bone health around an implant
D7410	Excision of Benign Lesion up to 1.25 cm	21-999		N		
D7411	Excision of Benign Lesion Greater than 1.25 cm	21-999		N		
D7412	Excision of Benign Lesion Complicated	21-999		N		
D7413	Excision of Malignant Lesion up to 1.25 cm	21-999		N		
D7414	Excision of Malignant Lesion greater than 1.25 cm	21-999		N		
D7415	Excision of Malignant Lesion Complicated	21-999		N		
D7451	Removal of odontogenic cyst or tumor-lesion greater than 1.25 cm	21-999		N		
D7460	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25 cm	21-999		N		
D7471	Removal of lateral exostosis (Maxilla or Mandible)	21-999	1 per lifetime per site	Y	Narrative of necessity	• When the presence of exostosis interferes with the fit of a dental prosthesis and it cannot be adapted successfully • When causing soft tissue trauma with existing removable appliances • For unusually large tori/exostosis that are prone to recurrent traumatic injury • When there is a functional disturbance, including, but not limited to normal tongue movement, mastication, swallowing and speech
D7472	Removal of Torus Palatinus	21-999	1 per lifetime	Y	Narrative of necessity	• When the presence of exostosis interferes with the fit of a dental prosthesis and it cannot be adapted successfully • When causing soft tissue trauma with existing removable appliances • For unusually large tori/exostosis that are prone to recurrent traumatic injury • When there is a functional disturbance, including, but not limited to normal tongue movement, mastication, swallowing and speech
D7473	Removal of Torus Mandibularis	21-999		Y	Narrative of necessity	• When the presence of exostosis interferes with the fit of a dental prosthesis and it cannot be adapted successfully • When causing soft tissue trauma with existing removable appliances • For unusually large tori/exostosis that are prone to recurrent traumatic injury • When there is a functional disturbance, including, but not limited to normal tongue movement, mastication, swallowing and speech

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D7509	Marsupialization of odontogenic cyst	21-999	1 per lifetime per tooth	Y	Current dated radiographs, narrative of necessity	• Surgical decompression of large cystic lesion. • Conforms to CDT descriptor
D7510	Incision Drainage Abscess-Intra-Oral Soft Tissue	21-999		N		
D7520	Incision Drainage Abscess-Extra-Oral Soft Tissue	21-999		N		
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	21-999		N		
D7610	Maxilla-Open Reduction (Teeth Immobilized, If Present)	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7620	Maxilla-Closed Reduction (Teeth Immobilized, If Present)	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7630	Mandible- Open Reduction (Teeth Immobilized, If Present)	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7640	Mandible- Closed Reduction (Teeth Immobilized, If Present	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7650	Malar and/or Zygomatic Arch-Open Reduction	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7660	Malar and/or Zygomatic Arch-Closed Reduction	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7670	Alveolus-Closed Reduction, May include stabilization of teeth	21-999		Y	Narrative of necessity	• Documentation describes accident, operative report and medical necessity
D7820	Closed Reduction of Dislocation	21-999		Y	Narrative of necessity	Covered in the following Scenarios: • Narrative, x-rays, or photos support medical necessity for procedure • Documentation supports history of TMJ pain / treatment efforts Not Covered in the following scenarios: • For bruxism, grinding or other occlusal factors
D7840	Condylectomy	21-999		Y	Narrative of necessity	Covered in the following Scenarios: • Narrative, x-rays, or photos support medical necessity for procedure • Documentation supports history of TMJ pain / treatment efforts Not Covered in the following scenarios: • For bruxism, grinding or other occlusal factors
D7850	Meniscectomy	21-999		Y	Narrative of necessity	Covered in the following Scenarios: • Narrative, x-rays, or photos support medical necessity for procedure • Documentation supports history of TMJ pain / treatment efforts Not Covered in the following scenarios: • For bruxism, grinding or other occlusal factors
D7860	Arthrotomy	21-999		Y	Narrative of necessity	Covered in the following Scenarios: • Narrative, x-rays, or photos support medical necessity for procedure • Documentation supports history of TMJ pain / treatment efforts Not Covered in the following scenarios: • For bruxism, grinding or other occlusal factors

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D7870	Arthrocentesis	21-999		Y	Narrative of necessity	Covered in the following Scenarios: • Narrative, x-rays, or photos support medical necessity for procedure • Documentation supports history of TMJ pain / treatment efforts Not Covered in the following scenarios: • For bruxism, grinding or other occlusal factors
D7910	Sutures small wounds up to 5cm	21-999		Y	Narrative of necessity and description of accident	• Documentation describes accident • Not for tooth extraction or to close surgical incision
D7911	Complicated Suture-Up to 5 cm	21-999		Y	Narrative of necessity and description of accident	• Documentation describes accident • Not for tooth extraction or to close surgical incision
D7940	Osteoplasty- For Orthognathic Deformities	21-999		Y	Narrative of necessity	• Correction of congenital, developmental, or acquired traumatic or surgical deformity
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla-Autogenous or Nonautogenous, By report	21-999		Y	Narrative of necessity	• Indicated to augment deficient alveolar bone needed to support a dental prosthesis
D7953	Bone Replacement Graft for Ridge Preservation-Per Site	21-999		Y	Narrative of necessity Type and date of planned prosthesis	• Bone replacement graft for ridge preservation is indicated to preserve the alveolar ridge needed to support a dental prosthesis. • not indicated as a routine procedure to fill extraction sites
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	21-999	1 per 24 months	Y	Current dated radiographs, narrative of necessity	• For the correction of extensive bony defects: ridge augmentation, sinus lift procedures for placement of implants to support maxillarydenture and after tooth extraction where defect compromises integrity of arch.
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	21-999	1 per 24 months	Y	Current dated radiographs, narrative of necessity	• For the correction of extensive bony defects: ridge augmentation, sinus lift procedures for placement of implants to support maxillarydenture and after tooth extraction where defect compromises integrity of arch.
D7961	Buccal/Labial Frenectomy (Frenulectomy)	21-999	1 per lifetime	N		
D7962	Lingual Frenectomy (Frenulectomy)	21-999	1 per lifetime	N		
D7970	Excision of Hyperplastic Tissue-Per Arch	21-999		N		
D7972	Surgical Reduction of Fibrous Tuberosity	21-999	1 per lifetime	N		
D7979	Non-Surgical Sialolithotomy	21-999		Y	Narrative of necessity	• Documentation demonstrates a sialolith that can be removed with non-surgical means
D7982	Sialodochoplasty	21-999		Y	Narrative of necessity	• Documentation demonstrates need
D9110	Palliative (Emergency) treatment of dental pain-minor procedure	21-999	Not to be billed if other definitive treatment procedures are rendered on the same date of service	N		

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D9222	Deep sedation/general anesthesia, first 15 minutes	21-999	1 unit per procedure	Y	Narrative of necessity	• Clinical procedures of extensiveness or complexity or situations that require more than a local anesthetic • Uncooperative or unmanageable individuals for which other behavior management techniques are inappropriate or inadequate • Physical, cognitive or developmental disabilities • Significant underlying medical condition • Allergy or sensitivity to Local Anesthesia • Individuals with extreme anxiety or fear Severe infection that inhibits local anesthesia Not Covered for the following scenarios: • Electively requested by the enrollee
D9223	Deep sedation/general anesthesia, each additional 15 minutes	21-999	7 units per procedure	Y	Narrative of necessity	• Clinical procedures of extensiveness or complexity or situations that require more than a local anesthetic • Uncooperative or unmanageable individuals for which other behavior management techniques are inappropriate or inadequate • Physical, cognitive or developmental disabilities • Significant underlying medical condition • Allergy or sensitivity to Local Anesthesia • Individuals with extreme anxiety or fear Severe infection that inhibits local anesthesia Not Covered for the following scenarios: • Electively requested by the enrollee
D9230	Inhalation of nitrous oxide/ analgesia, anxiolysis	21-999		N		
D9310	Consultation-Diagnostic service provided by Dentist or Physician other than requesting Dentist or Physician	21-999		N		
D9420	Hospital or Ambulatory Surgical Call Center	21-999		N		
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No other services performed	21-999		N		
D9944	Occlusal Guard- Hard Appliance, Full Arch	21-999		Y	Panoramic radiograph Narrative of necessity	• Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations • To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations Not covered in the following scenarios: • For treatment of temporomandibular disorders or myofacial pain disfunction • As an appliance intended for orthodontic tooth movement
D9945	Occlusal Guard- Soft Appliance, Full Arch	21-999	1 per 24 months	Y	Panoramic radiograph Narrative of necessity	• Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations • To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations Not covered in the following scenarios: • For treatment of temporomandibular disorders or myofacial pain disfunction • As an appliance intended for orthodontic tooth movement

Code	Description	Age limits	Frequency limits	Auth required	Required docs	Clinical criteria
D9946	Occlusal Guard- Hard Appliance, Partial Arch	21-999	1 per 24 months	Y	Panoramic radiograph Narrative of necessity	• Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations • To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations Not covered in the following scenarios: • For treatment of temporomandibular disorders or myofacial pain disfunction • As an appliance intended for orthodontic tooth movement
D9951	Occlusal Adjustment-Limited	21-999	2 per 12 months	Y	Narrative of necessity	• Adjustment not done on same date as restorative, prosthetic or endodontic treatment
D9952	Occlusal Adjustment-Complete	21-999	1 per lifetime	Y	Narrative of necessity	• Documentation describes medical necessity for complex case need (facebow, interocclusal records, tracings, diagnostic wax-up, etc.)
D9953	Reline custom sleep apnea appliance (indirect)	21-999	1 every 60 months	Y	Narrative of necessity	• Restore function and retention by resurfacing.
D9955	Oral Appliance Therapy (OAT) Titration Visit	21-999	1 every 60 months	N		
D9959	Unspecified sleep apnea services procedure, by report	21-999		Y	Pulmonologist referral, FMX or Pan, Sleep Study and documented failure of CPAP	• For sleep apnea service related to appliance fabrication and placement not described by CDT code.
D9997	Dental Case Management-Patients with Special Health Care Needs	21-999		Y	Narrative of necessity	• Documentation describes medical necessity

Dental Benefit Providers®