

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

Effective: July 1, 2024



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage.

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



Provider services

Phone: **1-888-445-9817**

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

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



Prior authorization

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

Appeals for service denials

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

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



Claims

UnitedHealthcare Dental Claims

P.O. Box 251
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

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

Corrected claims

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

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

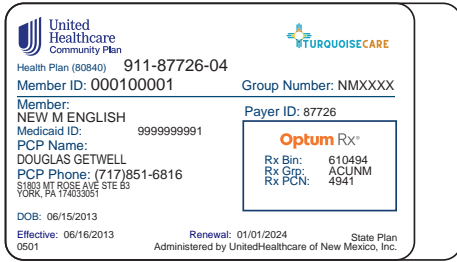
Important notes

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



**Dental Benefit
Providers®**

Sample member ID card



Benefit coverage, limitations, and requirements

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

New Mexico Turquoise Care benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0120	Periodic Oral Exam	0 - 20	1 per 6 Months	N	
D0120	Periodic Oral Exam	21 - 999	1 per 12 Months	N	
D0140	Limited Oral Evaluation - Problem Focused	0 - 999		N	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0 - 999	1 per 12 Months	N	
D0210	Intraoral - Comprehensive Series of Radiographic Images	0 - 999	1 per 5 Years (rolling year)	N	
D0220	Intraoral - Periapical First Radiographic Image	0 - 999	1 per 1 Day	N	
D0230	Intraoral - Periapical Each Additional Image	0 - 999		N	
D0240	Intraoral - Occlusal Radiographic Image	0 - 999	2 per 12 Months	N	
D0250	Extraoral - 2D Projection Radiographic image	0 - 999	1 per 6 Months	N	
D0251	Extraoral Posterior Dental Radiographic Image	0 - 999	1 per 12 Months	N	
D0270	Bitewing - Single Radiographic Image	0 - 999	4 per 12 Months	N	
D0272	Bitewings - Two Radiographic Images	0 - 999	2 per 12 Months	N	
D0274	Bitewings - Four Radiographic Images	0 - 999	1 per 12 Months	N	
D0310	Sialography	0 - 999	2 per 12 Months	Y	Narrative of medical necessity
D0320	Temporomandibular Joint Arthrogram, Including Injection	0 - 999	2 per 12 Months	Y	Narrative of medical necessity
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0 - 999	2 per 12 Months	Y	Narrative of medical necessity
D0322	Tomographic Survey	0 - 999	1 per 12 Months	Y	Narrative of medical necessity
D0330	Panoramic Radiographic Image	0 - 999	1 per 5 Years (rolling year)	N	
D0340	2D Cephalometric Radiographic Image	0 - 999	1 per 60 Months	N	
D0364	Cone Beam - Less Than One Whole Jaw	0 - 999	1 per 12 Months	Y	Narrative of medical necessity
D0365	Cone Beam - One Full Dental Arch - Mandible	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0366	Cone Beam - One Full Dental Arch - Maxilla	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0367	Cone Beam - Both Jaws	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0368	Cone Beam o TMJ Series	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0369	Maxillofacial MRI	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0370	Maxillofacial Ultrasound	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0371	Sialoendoscopy	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0 - 999	1 per 5 Years (rolling year)	N	
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	0 - 999	1 per 5 Years (rolling year)	N	
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	0 - 999	1 per 5 Years (rolling year)	N	
D0380	Cone Beam - Less Than One Whole Jaw	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0381	Cone Beam - One Full Dental Arch - Mandible	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0382	Cone Beam - One Full Dental Arch - Maxilla	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0383	Cone Beam - Both Jaws	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0384	Cone Beam o TMJ Series	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0385	Maxillofacial MRI	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0386	Maxillofacial Ultrasound	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	0 - 999	1 per 5 Years (rolling year)	N	
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	0 - 999	1 per 5 Years (rolling year)	N	
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	0 - 999	1 per 5 Years (rolling year)	N	
D0391	Interpretation Of Diagnostic Image	0 - 999	1 per 5 Years (rolling year)	Y	Narrative of medical necessity
D0415	Collection Of Microorganisms For Culture And Sensitivity	0 - 999	1 per 12 Months	Y	Description of procedure and narrative of medical necessity
D0502	Other Pathology Procedures, By Report	0 - 999	1 per 12 Months	Y	Description of procedure and narrative of medical necessity
D0999	FQHC Encounter Payment	0 - 999		N	
D1110	Prophylaxis - Adult	0 - 999	1 per 12 Months	N	
D1120	Prophylaxis - Child	0 - 999	1 per 6 Months	N	
D1206	Topical Application Of Fluoride Varnish	0 - 20	1 per 6 Months	N	
D1206	Topical Application Of Fluoride Varnish	21 - 999	1 per 1 Lifetime	N	
D1208	Topical Application of Fluoride	0 - 20	1 per 6 Months	N	
D1208	Topical Application of Fluoride	21 - 999	1 per 12 Months	N	
D1351	Sealant - Per Tooth	0 - 999	1 per 5 Years (rolling year)	N	
D1354	Interim Caries Arresting Medicament Application - per tooth	0 - 999	1 per 6 Months	N	
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0 - 999	1 per 1 Lifetime	N	
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0 - 999	1 per 1 Lifetime	N	
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0 - 999	1 per 1 Lifetime	N	
D1575	Distal shoe space maintainer - fixed - per quadrant	0 - 999	1 per 1 Lifetime	N	
D2140	Amalgam - One Surface, Primary Or Permanent	0 - 999	1 per 12 Months	N	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0 - 999	1 per 12 Months	N	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0 - 999	1 per 12 Months	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0 - 999	1 per 12 Months	N	
D2330	Resin-Based Composite - One Surface, Anterior	0 - 999	1 per 12 Months	N	
D2331	Resin-Based Composite - Two Surfaces, Anterior	0 - 999	1 per 12 Months	N	
D2332	Resin-Based Composite - Three Surfaces, Anterior	0 - 999	1 per 12 Months	N	
D2335	Resin-Based Composite - Four or More Surfaces, Anterior	0 - 999	1 per 12 Months	N	
D2390	Resin-Based Composite Crown, Anterior	0 - 999	1 per 1 lifetime	N	
D2391	Resin-Based Composite - One Surface, Posterior	0 - 999	1 per 12 Months	N	
D2392	Resin-Based Composite - Two Surfaces, Posterior	0 - 999	1 per 12 Months	N	
D2393	Resin-Based Composite - Three Surfaces, Posterior	0 - 999	1 per 12 Months	N	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0 - 999	1 per 12 Months	N	
D2710	Crown - Resin-Based Composite (Indirect)	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays of adjacent and opposing teeth
D2740	Crown - Porcelain/Ceramic	0 - 999	1 per 5 Years (rolling year)	N	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays of adjacent and opposing teeth
D2752	Crown - Porcelain Fused To Noble Metal	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays of adjacent and opposing teeth
D2791	Crown - Full Cast Predominantly Base Metal	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays of adjacent and opposing teeth
D2792	Crown - Full Cast Noble Metal	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays of adjacent and opposing teeth
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0 - 999	1 per 1 lifetime	N	
D2920	Re-Cement or Re-Bond Crown	0 - 999	1 per 1 lifetime	N	
D2928	Prefabricated Porcelain / Ceramic Crown - Permanent tooth	0 - 999	1 per 1 lifetime	N	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0 - 999	1 per 1 lifetime	N	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0 - 999	1 per 1 lifetime	N	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0 - 999	1 per 1 lifetime	N	
D2932	Prefabricated Resin Crown	0 - 999	1 per 1 lifetime	N	
D2933	Prefabricated Stainless Steel Crown With Resin Window	0 - 999	1 per 1 lifetime	N	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0 - 999	1 per 1 lifetime	N	
D2940	Protective Restoration	0 - 999	1 per 5 Years (rolling year)	N	
D2950	Core Buildup, Including Any Pins When Required	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2954	Prefabricated Post And Core In Addition To Crown	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2955	Post Removal	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D2957	Each Additional Prefabricated Post - Same Tooth	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D2980	Crown Repair	0 - 999	1 per 5 Years (rolling year)	Y	Pre-op x-rays (excluding bitewings)
D2999	Unspecified Restorative Procedure, By Report	0 - 999		Y	Pre-op x-rays, narrative of medical necessity and description of procedure
D3220	Therapeutic Pulpotomy	0 - 999	1 per 1 Lifetime	N	
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0 - 999	1 per 1 Lifetime	N	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings)
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings)
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings)
D3351	Apexification / Recalcification - Initial Visit	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3352	Apexification / Recalcification - Interim	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3353	Apexification / Recalcification - Final Visit	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3410	Apicoectomy - Anterior	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3421	Apicoectomy - Premolar (First Root)	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3425	Apicoectomy - Molar (First Root)	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3426	Apicoectomy - Each Additional Root	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3430	Retrograde Filling - Per Root	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3450	Root Amputation - Per Root	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3911	Intraorifice Barrier	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3921	Decoronation or submergence of an erupted tooth	0 - 999	1 per 1 Lifetime	Y	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D3999	Unspecified Endodontic Procedure, By Report	0 - 999		Y	Pre-op x-rays, narrative of medical necessity and description of procedure
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4249	Clinical Crown Lengthening - Hard Tissue	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4263	Bone Replacement Graft - First Site In Quadrant	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4270	Pedicle Soft Tissue Graft Procedure	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4274	Distal Or Proximal Wedge Procedure	0 - 999	1 per 36 Months	Y	Pre-op X-rays (excluding Bitewing x-rays), Complete Perio Chart w/ AAP Case type
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0 - 999	1 per 36 Months	N	
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0 - 999	1 per 36 Months	N	
D4286	Removal of Non-Resorbable Barrier	0 - 999	1 per 36 Months	N	
D4322	Splint - Intra-Coronal Natural Teeth or Prosthetic Crowns	0 - 999	1 per 36 Months	N	
D4323	Splint - Extra-Coronal Natural Teeth or Prosthetic Crowns	0 - 999	1 per 36 Months	N	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0 - 999	1 per 24 Months	Y	Periodontal charting and pre-op x-rays
D4346	Scaling in Moderate or Severe Gingival Inflammation	0 - 999	1 per 12 Months	N	
D4910	Periodontal Maintenance	0 - 999	2 per 1 Year (rolling year)	Y	Date of previous periodontal surgical or scaling and root planing service
D4999	Unspecified Periodontal Procedure, By Report	0 - 999		Y	Description of procedure, Periodontal charting and Pre-op x-rays
D5110	Complete Denture - Maxillary	0 - 999	1 per 60 Months	Y	A FMX or panoramic x-rays
D5120	Complete Denture - Mandibular	0 - 999	1 per 60 Months	Y	A FMX or panoramic x-rays
D5130	Immediate Denture - Maxillary	0 - 999	1 per 1 lifetime	Y	A FMX or panoramic x-rays
D5140	Immediate Denture - Mandibular	0 - 999	1 per 1 lifetime	Y	A FMX or panoramic x-rays
D5211	Maxillary Partial Denture - Resin Base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5212	Mandibular Partial Denture - Resin Base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5213	Maxillary Partial Denture - cast metal framework with resin denture bases	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5214	Mandibular Partial Denture - cast metal framework with resin denture bases	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5221	Immediate Maxillary Partial Denture - resin base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5222	Immediate Mandibular Partial Denture - resin base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5224	Immediate Mandibular Partial Denture - cast metal framework with resin base	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5227	Immediate Maxillary Partial Denture - flexible base (including any clasps, rests)	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5228	Immediate Mandibular Partial Denture - flexible base (including any clasps, rest)	0 - 999	1 per 60 Months	Y	Pano/FMX, Date of prior placement, Narrative Charted missing and extracted teeth
D5410	Adjust Complete Denture - Maxillary	0 - 999	2 per 1 Year (rolling year)	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5411	Adjust Complete Denture - Mandibular	0 - 999	2 per 1 Year (rolling year)	N	
D5421	Adjust Partial Denture - Maxillary	0 - 999	2 per 1 Year (rolling year)	N	
D5422	Adjust Partial Denture - Mandibular	0 - 999	2 per 1 Year (rolling year)	N	
D5511	Repair Broken Complete Denture Base - Mandibular	0 - 999	2 per 5 Years (rolling year)	N	
D5512	Repair Broken Complete Denture Base - Maxillary	0 - 999	2 per 5 Years (rolling year)	N	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0 - 999	2 per 5 Years (rolling year)	N	
D5611	Repair Resin Partial Denture Base - Mandibular	0 - 999	2 per 5 Years (rolling year)	N	
D5612	Repair Resin Partial Denture Base - Maxillary	0 - 999	2 per 5 Years (rolling year)	N	
D5621	Repair Cast Partial Framework - Mandibular	0 - 999	2 per 5 Years (rolling year)	N	
D5622	Repair Cast Partial Framework - Maxillary	0 - 999	2 per 5 Years (rolling year)	N	
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	0 - 999	2 per 5 Years (rolling year)	N	
D5640	Replace Broken Teeth - Per Tooth	0 - 999	2 per 5 Years (rolling year)	N	
D5650	Add Tooth To Existing Partial Denture	0 - 999	2 per 12 Months	N	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0 - 999	2 per 12 Months	N	
D5725	Rebase hybrid prosthesis	0 - 999	2 per 12 Months	N	
D5750	reline complete maxillary denture (indirect)	0 - 999	2 per 12 Months	N	
D5751	reline complete mandibular denture (indirect)	0 - 999	2 per 12 Months	N	
D5760	reline maxillary partial denture (indirect)	0 - 999	2 per 12 Months	N	
D5761	reline mandibular partial denture (indirect)	0 - 999	2 per 12 Months	N	
D5765	Soft liner for complete or partial removable denture - indirect	0 - 999	2 per 12 Months	N	
D5850	Tissue Conditioning, Maxillary	0 - 999	1 per 12 Months	N	
D5851	Tissue Conditioning, Mandibular	0 - 999	1 per 12 Months	N	
D5863	Overdenture - Complete Maxillary	0 - 999	1 per 60 Months	Y	Panoramic or FMX
D5864	Overdenture - Partial Maxillary	0 - 999	1 per 60 Months	Y	Panoramic or FMX
D5865	Overdenture - Complete Mandibular	0 - 999	1 per 60 Months	Y	Panoramic or FMX
D5866	Overdenture - Partial Mandibular	0 - 999	1 per 60 Months	Y	Panoramic or FMX
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0 - 999		Y	Description of procedure, FMX or Panoramic and narrative of medical necessity
D5911	Facial Moulage (Sectional)	0 - 999		Y	Narrative of medical necessity
D5912	Facial Moulage (Complete)	0 - 999		Y	Narrative of medical necessity
D5913	Nasal Prosthesis	0 - 999		Y	Narrative of medical necessity
D5914	Auricular Prosthesis	0 - 999		Y	Narrative of medical necessity
D5915	Orbital Prosthesis	0 - 999		Y	Narrative of medical necessity
D5916	Ocular Prosthesis	0 - 999		Y	Narrative of medical necessity
D5919	Facial Prosthesis	0 - 999		Y	Narrative of medical necessity
D5922	Nasal Septal Prosthesis	0 - 999		Y	Narrative of medical necessity
D5923	Ocular Prosthesis, Interim	0 - 999		Y	Narrative of medical necessity
D5924	Cranial Prosthesis	0 - 999		Y	Narrative of medical necessity
D5925	Facial Augmentation Implant Prosthesis	0 - 999		Y	Narrative of medical necessity
D5926	Nasal Posthesis, Replacement	0 - 999		Y	Narrative of medical necessity
D5927	Auricular Prosthesis, Replacement	0 - 999		Y	Narrative of medical necessity



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5928	Orbital Prosthesis, Replacement	0 - 999		Y	Narrative of medical necessity
D5929	Facial Prosthesis, Replacement	0 - 999		Y	Narrative of medical necessity
D5931	Obturator Prosthesis, Surgical	0 - 999		Y	Narrative of medical necessity
D5932	Obturator Prosthesis, Definitive	0 - 999		Y	Narrative of medical necessity
D5933	Obturator Prosthesis, Modification	0 - 999		Y	Narrative of medical necessity
D5934	Mandibular Resection Prosthesis With Guide Flange	0 - 999		Y	Narrative of medical necessity
D5935	Mandibular Resection Prosthesis Without Guide Flange	0 - 999		Y	Narrative of medical necessity
D5936	Obturator Prosthesis, Interim	0 - 999		Y	Narrative of medical necessity
D5937	Trismus Appliance (Not For Tmd Treatment)	0 - 999		Y	Narrative of medical necessity
D5951	Feeding Aid	0 - 999		Y	Narrative of medical necessity
D5952	Speech Aid Prosthesis, Pediatric	0 - 999		Y	Narrative of medical necessity
D5953	Speech Aid Prosthesis, Adult	0 - 999		Y	Narrative of medical necessity
D5954	Palatal Augmentation Prosthesis	0 - 999		Y	Narrative of medical necessity
D5955	Palatal Lift Prosthesis, Definitive	0 - 999		Y	Narrative of medical necessity
D5958	Palatal Lift Prosthesis, Interim	0 - 999		Y	Narrative of medical necessity
D5959	Palatal Lift Prosthesis, Modification	0 - 999		Y	Narrative of medical necessity
D5960	Speech Aid Prosthesis, Modification	0 - 999		Y	Narrative of medical necessity
D5982	Surgical Stent	0 - 999		Y	Narrative of medical necessity
D5983	Radiation Carrier	0 - 999		Y	Narrative of medical necessity
D5984	Radiation Shield	0 - 999		Y	Narrative of medical necessity
D5985	Radiation Cone Locator	0 - 999		Y	Narrative of medical necessity
D5986	Fluoride Gel Carrier	0 - 999		Y	Narrative of medical necessity
D5987	Commissure Splint	0 - 999		Y	Narrative of medical necessity
D5988	Surgical Splint	0 - 999		Y	Narrative of medical necessity
D5999	Unspecified Maxillofacial Prosthesis, By Report	0 - 999		Y	Description of procedure and narrative of medical necessity
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0 - 999	1 per 1 lifetime	N	
D6980	Fixed Partial Denture Repair	0 - 999	1 per 1 lifetime	N	
D7111	Extraction, Coronal Remnants - Primary Tooth	0 - 999	1 per 1 lifetime	N	
D7140	Extraction, Erupted Tooth Or Exposed Root	0 - 999	1 per 1 Lifetime	N	
D7210	Extraction, Erupted Tooth	0 - 999	1 per 1 Lifetime	N	
D7220	Removal Of Impacted Tooth - Soft Tissue	0 - 999	1 per 1 Lifetime	N	
D7230	Removal Of Impacted Tooth - Partially Bony	0 - 999	1 per 1 Lifetime	N	
D7240	Removal Of Impacted Tooth - Completely Bony	0 - 999	1 per 1 Lifetime	N	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0 - 999	1 per 1 Lifetime	N	
D7250	Removal Of Residual Tooth (Cutting Procedure)	0 - 999	1 per 1 Lifetime	N	
D7260	Oroantral Fistula Closure	0 - 999	2 per 1 lifetime	N	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0 - 999	1 per 1 lifetime	N	
D7280	Exposure of an Unerupted Tooth	0 - 999	1 per 1 lifetime	N	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0 - 999	1 per 1 lifetime	N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0 - 999		N	
D7286	Incisional Biopsy Of Oral Tissue - Soft	0 - 999		N	
D7290	Surgical Repositioning Of Teeth	0 - 999	1 per 1 Lifetime	N	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0 - 999	1 per 1 Lifetime	N	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	0 - 999	1 per 1 Lifetime	N	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	0 - 999	1 per 1 Lifetime	N	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0 - 999	1 per 1 Lifetime	N	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0 - 999	1 per 1 Lifetime	N	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0 - 999		N	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0 - 999		N	
D7412	Excision Of Benign Lesion, Complicated	0 - 999		N	
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0 - 999		N	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	0 - 999		N	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 999		N	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 999		N	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 999		N	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 999		N	
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	0 - 999		N	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0 - 999	2 per 1 lifetime	N	
D7472	Removal Of Torus Palatinus	0 - 999	1 per 1 lifetime	N	
D7473	Removal Of Torus Mandibularis	0 - 999	2 per 1 lifetime	N	
D7490	Radical Resection Of Maxilla Or Mandible	0 - 999	1 per 1 lifetime	N	
D7509	marsupialization of odontogenic cyst Surgical decompression of a large cystic le	0 - 999	2 per 1 lifetime	N	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0 - 999	2 per 1 lifetime	N	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0 - 999	2 per 1 lifetime	N	
D7530	Removal Of Foreign Body From Mucosa	0 - 999	1 per 1 lifetime	N	
D7540	Removal Of Reaction Producing Foreign Bodies	0 - 999	1 per 1 lifetime	N	
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	0 - 999		N	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	0 - 999		N	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	0 - 999		N	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0 - 999		N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	0 - 999		N	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0 - 999		N	
D7650	Malar And/Or Zygomatic Arch - Open Reduction	0 - 999		N	
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	0 - 999		N	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0 - 999		N	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0 - 999		N	
D7710	Maxilla - Open Reduction	0 - 999		N	
D7720	Maxilla - Closed Reduction	0 - 999		N	
D7730	Mandible - Open Reduction	0 - 999		N	
D7740	Mandible - Closed Reduction	0 - 999		N	
D7750	Malar And/Or Zygomatic Arch - Open Reduction	0 - 999		N	
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	0 - 999		N	
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0 - 999		N	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	0 - 999		N	
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0 - 999		N	
D7911	Complicated Suture - Up To 5 Cm	0 - 999		N	
D7912	Complicated Suture - Greater Than 5 Cm	0 - 999		N	
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	0 - 999		N	
D7940	Osteoplasty - For Orthognathic Deformities	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7941	Osteotomy - Mandibular Rami	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7944	Osteotomy - Segmented Or Subapical	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7945	Osteotomy - Body Of Mandible	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7946	Lefort I - (Maxilla - Total)	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7961	buccal/ labial frenectomy (frenulectomy)	0 - 999		N	
D7962	lingual frenectomy (frenulectomy)	0 - 999		N	
D7970	Excision Of Hyperplastic Tissue - Per Arch	0 - 999		N	
D7971	Excision Of Pericoronary Gingiva	0 - 999		N	
D7979	Non-Surgical Sialolithotomy	0 - 999		N	



Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7980	Surgical Sialolithotomy	0 - 999		N	
D7981	Excision Of Salivary Gland, By Report	0 - 999		N	
D7982	Sialodochoplasty	0 - 999		N	
D7983	Closure Of Salivary Fistula	0 - 999		N	
D7990	Emergency Tracheotomy	0 - 999		N	
D7991	Coronoidectomy	0 - 999	2 per 1 lifetime	Y	Narrative of medical necessity and x-rays as appropriate
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7996	Implant - Mandible For Augmentation Purposes (Exc Alveolar Ridge)	0 - 999		Y	Narrative of medical necessity and x-rays as appropriate
D7999	Unspecified Oral Surgery Procedure, By Report	0 - 999		Y	Description of service, narrative of med. necessity, x-rays or photos (optional)
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0 - 999	1 per 1 lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, Tx plan
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0 - 999	1 per 1 lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, Tx plan
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0 - 999	1 per 1 lifetime	Y	Digital Models, FMX or PAN x-ray(s), Ceph X-ray, Diag. Photos, HLD form, Tx plan
D8210	Removable Appliance Therapy	0 - 999	2 per 1 lifetime	Y	FMX or panoramic and narrative of medical necessity
D8220	Fixed Appliance Therapy	0 - 999	2 per 1 lifetime	Y	FMX or panoramic and narrative of medical necessity
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0 - 999	1 per 6 Months	Y	Narrative of medical necessity; (D8660 submitted with D8080 form paid only on denied D8080)
D8999	Unspecified Orthodontic Procedure, By Report	0 - 999		Y	COC & ADA forms, Prior approval w/pay hx/ if pp/comm- Original diag, model images
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	0 - 999	1 per 1 day	Y	Treatment plan and narrative of medical necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0 - 999	1 per 1 Day	Y	Treatment plan and narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0 - 999	8 per 1 Day	Y	Treatment plan and narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0 - 999	1 per 1 day	N	
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	0 - 999	1 per 1 Day	Y	Treatment plan and narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	0 - 999	8 per 1 Day	Y	Treatment plan and narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation	0 - 999	1 per 1 day	N	
D9410	House/Extended Care Facility Call	0 - 999	1 per 1 Day	N	
D9420	Hospital Or Ambulatory Surgical Center Call	0 - 999	1 per 1 Day	N	
D9610	Therapeutic Parenteral Drug, Single Administration	0 - 999	1 per 1 day	N	
D9947	Custom sleep apnea appliance fabrication and placement	0 - 999	1 per 1 lifetime	Y	Sleep study and diagnosis from physician
D9949	Repair of custom sleep apnea appliance	0 - 999	2 per 1 lifetime	Y	Sleep study and diagnosis from physician or approved D9947
D9995	Teledentistry - Synchronous; Real-Time Encounter	0 - 999	1 per 1 day	N	
D9999	Unspecified Adjunctive Procedure, By Report	0 - 999		Y	Description of procedure and narrative of medical necessity



NM HANDICAPPING LABIO-LINGUAL DEVIATIONS

(The HLD Index No. 4)

You will need this score sheet and a Boley Gauge.

Procedure:

- 1) Occlude patient in centric position.
- 2) Record all measurements in the order given, and rounded off to the nearest millimeter.
- 3) ENTER SCORE "O" IF CONDITION IS ABSENT.
- 4) Start by measuring OVERJET of the most protruding incisor.
- 5) Measure OVERBITE from the labio-incisal edge of overlapped front tooth or teeth to point of maximum coverage.
- 6) Score all other conditions listed.
- 7) ECTOPIC ERUPTION and ANTERIOR CROWDING¹: DO NOT DOUBLE SCORE. Record the more serious condition and follow your first impression.
- 8) The use of a recorder (hygienist, assistant) is recommended.

PRINT: Patient's Name: _____ Examiner: _____

Recorder: _____

Address: _____

Street	City/County	State	Zip Code
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A _____ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present and score no further)

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

B _____ CONDITIONS 7-14 MUST SCORE 26 POINTS OR MORE TO QUALIFY

- 6) Severe traumatic deviations 15= _____
- 7) Overjet in mm x1= _____
- 8) Overbite in mm x1= _____
- 9) Mandibular protrusion in mm x5= _____
- 10) Open bite in mm x1= _____
- 11) Ectopic eruption, (# of teeth, excluding third molars) x3= _____
- 12) Anterior Crowding¹: Maxilla: _____ Mandible: _____ x5 ea. _____
- 13) Labio-lingual spread, in mm (anterior spacing) x1= _____
- 14) Posterior unilateral crossbite x 4= _____

A score of 26 and over constitutes a PHYSICAL HANDICAP.

C _____ MEDICAL NECESSITY (indicate with an "X" for consideration)

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

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



HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORING INSTRUCTIONS

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

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

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



B.4 Orthodontic Continuity of Care (COC)

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

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

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

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



Orthodontic Continuation of Care Submission Form



Orthodontic Continuation of Care Submission Form

Date: _____

Patient information

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

Provider information

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

Name of previous Medicaid vendor that issued original approval: _____

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

Additional information required:

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

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

UnitedHealthcare Community Plan of New Mexico Turquoise Care – July 2024
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**Dental Benefit
Providers**