

Dental Codes Reimbursement Policy, Professional (for Ohio Only)

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Dental Terminology (CDT®), Centers for Medicare and Medicaid Services (CMS), American Dental Association (ADA) or other coding guidelines. References to CDT or other sources are for definitional purposes only and do not imply any right to reimbursement. Current Dental Terminology (CDT), International Classification of Diseases (ICD), and Health Care Common Procedure Coding System are among the dental codes used for dental billing (HCPCS).*

This reimbursement policy applies to all health care services billed on ADA Claim Forms, CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Dental Benefit Providers® reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, regarding UnitedHealthcare Dental Benefit Providers® may use reasonable discretion in interpreting and applying this policy to dental and health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to regarding UnitedHealthcare Dental Benefit Providers® enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by regarding UnitedHealthcare Dental Benefit Providers® due to programming or other constraints; however, regarding UnitedHealthcare Dental Benefit Providers® strives to minimize these variations.

UnitedHealthcare Dental Benefit Providers® may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the American Dental Association or 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all

network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The policy outlines codes subject to prior authorization and other conditions and terms that may apply in the care of patients. Current Dental Terminology (CDT®) is utilized throughout this policy.

Reimbursement Guidelines

UnitedHealthcare Dental Benefit Providers® offers medically necessary services to Medicaid members in the state of Ohio. All claims for services must meet standard coding guidelines to communicate the services rendered. Providers are responsible for the submission of timely and accurate claims.

For the most updated member benefits, exclusions, and limitations please visit our website at uhcdental.com/medicaid. We align benefit design to meet all regulatory requirements by your state's Medicaid and legislature included in your state's Medicaid Provider Billing Manual.

Plan limitations

Please refer to the benefits grid contained herein for applicable exclusions and limitations and covered services. Standard ADA coding guidelines are applied to all claims.

Any service not listed in the benefit grid below is generally not covered. Consideration may be given for non-covered services and those that exceed a quantity, frequency, or age limit when accompanied by a prior authorization request establishing medical necessity.

Please call Provider Services if you have any questions regarding frequency limitations.

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

General exclusions

1. Unnecessary dental services.
2. Any dental procedure performed solely for cosmetic/aesthetic reasons.
3. Any procedure not performed in a dental setting that has not had prior authorization.
4. Service for injuries or conditions covered by workers' compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
5. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
6. Dental services otherwise covered under the policy, but rendered after the date that an individual's coverage under the policy terminates, including dental services for dental conditions arising prior to the date that an individual's coverage under the policy terminates.

7. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.

8. Charges for failure to keep a scheduled appointment without giving the dental office proper notification.

Benefit Grids

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.

Medicaid Benefit Grid

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D0120	Periodic Oral Exam	0-20	1 per 180 day(s) per member	N		
D0120	Periodic Oral Exam	21-999	1 per 180 day(s) per member	N		
D0140	Limited Oral Evaluation - Problem Focused	0-999		N		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 per 5 year(s) per member/per provider or location	N		
D0180	Comprehensive periodontal evaluation	0-999	1 per 365 day(s) per member	N		
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 per 5 year(s) per member	N		
D0220	Intraoral - Periapical First Radiographic Image	0-999		N		
D0230	Intraoral - Periapical Each Additional Image	0-999		N		
D0240	Intraoral - Occlusal Radiographic Image	0-999		N		
D0250	Extraoral - 2D Projection Radiographic image	0-999		N		
D0270	Bitewing - Single Radiographic Image	0-999	1 per 6 month(s) per member	N		
D0272	Bitewings - Two Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0273	Bitewings - Three Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0274	Bitewings - Four Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0-999		N		
D0330	Panoramic Radiographic Image	0-5	1 per 60 month(s) per member	Y	Narrative of Medical Necessity	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D0330	Panoramic Radiographic Image	6-999 per	1 per 60 month(s) member	N		
D0340	2D Cephalometric Radiographic Image	0-999		N		
D0350	Oral/Facial Photographic Images	0-999		N		
D0367	Cone Beam - Both Jaws	0-999	1 per 5 year(s) per member	Y	Narrative of Medical Necessity	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0373	intraoral tomosynthesis – bitewing radiographic image	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0374	intraoral tomosynthesis – periapical radiographic image	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image ca	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0411	Test For Diabetes	0-999		Y	Narrative of Medical Necessity	
D0412	Test For Diabetes	0-999		Y	Narrative of Medical Necessity	
D0470	Diagnostic Casts	0-999		N		
D0604	antigen testing for a public health related pathogen, including coronavirus	0-999		N		
D0605	antibody testing for a public health related pathogen, including coronavirus	0-999		N		
D0606	Molecular testing for a public health related pathogen, including coronavirus	0-999		N		
D0801	3D dental surface scan – direct	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0802	3D dental surface scan – indirect A surface scan of a diagnostic cast	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0803	3D facial surface scan – direct	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0804	3D facial surface scan – indirect A surface scan of constructed facial feature	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D1110	Prophylaxis - Adult	14-20	1 per 180 day(s) per member	N		
D1110	Prophylaxis - Adult	21-999	1 per 180 day(s) per member	N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D1120	Prophylaxis – Child	0-13	1 per 180 day(s) per member	N		
D1206	Topical Application Of Fluoride Varnish	0-20	1 per 180 day(s) per member	N		
D1208	Topical Application of Fluoride	0-20	1 per 180 day(s) per member	N		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0-999	2 per 365 day(s) per member	N		
D1321	counseling for the control and prevention of adverse oral, behavioral, and system	0-999	2 per 365 days per member	N		
D1351	Sealant - Per Tooth	0-20		N		
D1354	Interim Caries Arresting Medicament Application - per tooth	0-999	3 per 1 year(s) per patient per tooth	N		
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0-20		N		
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0-20		N		
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0-20		N		
D1520	Space Maintainer - Removable - Unilateral - per quadrant	0-20		N		
D1526	Space Maintainer - Removable - Bilateral, maxillary	0-20		N		
D1527	Space Maintainer - Removable - Bilateral, mandibular	0-20		N		
D1705	AstraZeneca COVID-19 vaccine administration – first dose	0-999	1 per 1 lifetime per member	N		
D1706	AstraZeneca COVID-19 vaccine administration – second dose	0-999	1 per 1 lifetime per member	N		
D1781	vaccine administration – human papillomavirus – Dose 1 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D1782	vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D1783	vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D2140	Amalgam - One Surface, Primary Or Permanent	0-999		N		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999		N		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999		N		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999		N		
D2330	Resin-Based Composite - One Surface, Anterior	0-999		N		
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999		N		
D2335	resin-based composite – four or more surfaces (anterior)	0-999		N		
D2390	Resin-Based Composite Crown, Anterior	0-999		N		
D2391	Resin-Based Composite - One Surface, Posterior	0-999		N		
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999		N		
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999		N		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999		N		
D2740	Crown - Porcelain/Ceramic	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2752	Crown - Porcelain Fused To Noble Metal	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2920	Re-Cement or Re-Bond Crown	0-999		N		
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0-999		N		
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-999		N		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999		N		
D2931	prefabricated stainless steel crown – permanent tooth	0-999		N		
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-999		N		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-999		N		
D2940	Protective Restoration	0-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2941	Interim Therapeutic Restoration - Primary Dentition	0-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2950	Core Buildup, Including Any Pins When Required	0-999		N		
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999		Y	Current pre-operative x-ray(s)	Payment for this code includes up to 3 pins per tooth
					Current pre-op x-rays; For any tooth with	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-999		Y	endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D2954	Prefabricated Post And Core In Addition To Crown	0-999		Y	Current pre-op x-rays; For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D3220	Therapeutic Pulpotomy	0-999		N		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999		N		
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-999		N		
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-999		N		
D3351	Apexification / Recalcification - Initial Visit	0-999		N		
D3352	Apexification / Recalcification - Interim	0-999		N		
D3353	Apexification / Recalcification - Final Visit	0-999		N		
D3410	Apicoectomy - Anterior	0-999		N		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999		Y	Current pre-op x-rays; Complete current 6 point periodontal charting; Narrative of medical necessity	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999		Y	Current pre-op x-rays; Complete current 6 point periodontal charting; Narrative of medical necessity	
D4286	removal of non-resorbable barrier	0-999		Y	Narrative of Medical Necessity	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series Complete, current 6 point periodontal; charting	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series Complete, current 6 point periodontal; charting	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D4910	Periodontal Maintenance	0-999	1 per 12 month(s) per member	N		
D5110	Complete Denture - Maxillary	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5120	Complete Denture - Mandibular	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5130	Immediate Denture - Maxillary	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5140	Immediate Denture - Mandibular	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5211	Maxillary Partial Denture - Resin Base	0-18	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5212	Mandibular Partial Denture - Resin Base	0-18	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5213	maxillary partial denture - cast metal framework with resin denture bases	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5214	mandibular partial denture - cast metal framework with resin denture bases	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5225	maxillary partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5226	mandibular partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	0-999	1 per 8 year(s) per member	y	Panoramic x-ray or full mouth series	
D5282	removable unilateral partial denture - one piece cast metal (including retentive	0-999		Y	Narrative of Medical Necessity	
D5283	removable unilateral partial denture - one piece cast metal (including retentive	0-999		Y	Narrative of Medical Necessity	
D5511	Repair Broken Complete Denture Base - Mandibular	0-999		N		
D5512	Repair Broken Complete Denture Base - Maxillary	0-999		N		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0-999		N		
D5611	Repair Resin Partial Denture Base - Mandibular	0-999		N		
D5612	Repair Resin Partial Denture Base - Maxillary	0-999		N		
D5621	Repair Cast Partial Framework - Mandibular	0-999		N		
D5622	Repair Cast Partial Framework - Maxillary	0-999		N		
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	0-999		N		
D5640	Replace Broken Teeth - Per Tooth	0-999		N		
D5650	Add Tooth To Existing Partial Denture	0-999		N		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0-999		N		
D5750	reline complete maxillary denture (indirect)	0-999	1 per 3 year(s) per member	N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5751	reline complete mandibular denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5760	reline maxillary partial denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5761	reline mandibular partial denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5876	add metal substructure to acrylic full denture (per arch) Use of metal substruct	0-999		Y	Narrative of Medical Necessity	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0-999		Y	Panoramic x-ray or full mouth series; Narrative of medical necessity	
D5913	Nasal Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5915	Orbital Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5916	Ocular Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5931	Obturator Prosthesis, Surgical	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5932	Obturator Prosthesis, Definitive	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5934	Mandibular Resection Prosthesis With Guide Flange	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5935	Mandibular Resection Prosthesis Without Guide Flange	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5955	Palatal Lift Prosthesis, Definitive	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999		Y	Pre-op x-rays; Narrative of medical necessity	
D6096	Remove Broken Implant Retaining Screw	0-999		Y	Narrative of Medical Necessity	
D6105	removal of implant body not requiring bone removal or flap elevation	0-999		Y	Narrative of Medical Necessity	
D6106	guided tissue regeneration - resorbable barrier, per implant	0-999		Y	Narrative of Medical Necessity	
D6107	guided tissue regeneration - non-resorbable barrier, per implant	0-999		Y	Narrative of Medical Necessity	
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibu	0-999		Y	Narrative of Medical Necessity	
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxilla	0-999		Y	Narrative of Medical Necessity	
D6197	replacement of restorative material used to close an access opening of a screw-r	0-999		Y	Narrative of Medical Necessity	
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	1 per 1 lifetime per member	N		
D7210	Extraction, Erupted Tooth	0-999	1 per 1 lifetime per member	N		
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per 1 lifetime per member	N		Tooth #1, #16, #17, and #32 do not require prior authorization for this code.
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	Tooth #2 - #15 and Tooth #18 - #31 require prior authorization for this code.
D7230	Removal Of Impacted Tooth - Partially Bony	0-999	1 per 1 lifetime per member	N		
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity	
D7260	Oroantral Fistula Closure	0-999	1 per 1 lifetime per member	N		
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0-999		N		
D7280	Exposure of an Unerupted Tooth	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray or PA of entire tooth; Narrative of medical necessity	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999		N		
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999		N		
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	0-999		Y	Narrative of Medical Necessity	
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0-999		Y	Narrative of Medical Necessity	
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 lifetime per member	N		
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	0-999	1 per 1 lifetime per member	N		
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 lifetime per member	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		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999		N		
D7472	Removal Of Torus Palatinus	0-999		N		
D7473	Removal Of Torus Mandibularis	0-999		N		
D7509	marsupialization of odontogenic cyst Surgical decompression of a large cystic le	0-999		Y	Narrative of Medical Necessity	
D7510	Incision And Drainage Of Abscess -	0-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	Intraoral Soft Tissue					
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999		N		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0-999		N		
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	0-999		Y	Current panoramic x-ray; Narrative of medical necessity	
D7899	Unspecified Tmd Therapy, By Report	0-999		Y	Narrative of medical necessity; TMJ radiographs	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	0-999		Y	Narrative of Medical Necessity	
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	0-999		Y	Narrative of Medical Necessity	
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		
D7979	Non-Surgical Sialolithotomy	0-999		Y	Narrative of Medical Necessity	
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-999	1 per 1 lifetime per member	Y	Completed OH HLD modification score sheet Lateral and frontal photographs of the patient with lips together; Lateral cephalometric film with lips together, including a tracing; A complete series of intraoral images; Diagnostic model or equivalent; A treatment plan, including the projected length of treatment	
D8210	Removable Appliance Therapy	0-999		Y	Narrative of medical necessity	
D8220	Fixed Appliance Therapy	0-999		Y	Narrative of medical necessity	
D8670	Periodic Orthodontic Treatment Visit	0-999	22 per 1 lifetime per member	Y	Approved D8080 case	
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	0-999	1 per 1 lifetime per member	Y	Narrative of medical necessity	Payment for this includes up to two retainers
D8695	Removal Of Fixed Orthodontic Appliances	0-999		Y	Narrative of Medical Necessity	
D9130	Temporomandibular Joint Dysfunction - Non-invasive Physical Therapies	0-999		Y	Narrative of Medical Necessity	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 per 1 day (s) per member	N		
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999	4 per 1 day (s) per member	N		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0-20		N		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	21-999		Y	Narrative of medical necessity	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0-999	1 per 1 day (s) per member	N		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0-999	4 per 1 day (s) per member	N		
D9610	Therapeutic Parenteral Drug, Single Administration	0-999	1 per 1 day (s) per member	N		
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	0-999	1 per 1 day (s) per member	N		
D9613	Infiltration of sustained release therapeutic drug, per quadrant	0-999		Y	Narrative of Medical Necessity	
D9920	Behavior Management, By Report	0-999		Y	Narrative of Medical Necessity	
D9944	Occlusal Guard-hard appliance, full arch	0-999		N		
D9945	Occlusal Guard-soft appliance, full arch	0-999		N		
D9946	Occlusal Guard-hard appliance, partial arch	0-999		N		
D9947	Custom sleep apnea appliance fabrication and placement	0-999		Y	Narrative of Medical Necessity	
D9948	Adjustment of custom sleep apnea appliance	0-999		Y	Narrative of Medical Necessity	
D9949	Repair of custom sleep apnea appliance	0-999		Y	Narrative of Medical Necessity	
D9953	reline custom sleep apnea appliance (indirect) Resurface dentition side of appli	0-999		Y	Narrative of Medical Necessity	
D9961	Duplicate / Copy Patient's Records	0-999		Y	Narrative of Medical Necessity	
D9990	Translation Services	0-999		Y	Narrative of Medical Necessity	
D9995	Teledentistry - Synchronous; Real-Time Encounter	0-999		N		
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	0-999		Y	Narrative of Medical Necessity	
D9997	Dental case management	0-999		Y	Narrative of Medical Necessity	
D9999	Unspecified Adjunctive Procedure, By Report	0-999		Y	Description of procedure and narrative of medical necessity	

MMP Benefit Grid (Ages 18-20)

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D0120	Periodic Oral Exam	18-20	1 per 180 day(s) per member	N		
D0120	Periodic Oral Exam	21-999	1 per 365 day(s) per member	N		
D0140	Limited Oral Evaluation - Problem Focused	0-999		N		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 per 5 year(s) per member/per provider or location	N		
D0180	Comprehensive periodontal evaluation	0-999	1 per 365 day(s) per member	N		
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 per 5 year(s) per member	N		
D0220	Intraoral - Periapical First Radiographic Image	0-999		N		
D0230	Intraoral - Periapical Each Additional Image	0-999		N		
D0240	Intraoral - Occlusal Radiographic Image	0-999		N		
D0250	Extraoral - 2D Projection Radiographic image	0-999		N		
D0270	Bitewing - Single Radiographic Image	0-999	1 per 6 month(s) per member	N		
D0272	Bitewings - Two Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0273	Bitewings - Three Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0274	Bitewings - Four Radiographic Images	0-999	1 per 6 month(s) per member	N		
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0-999		N		
D0330	Panoramic Radiographic Image	18-20	1 per 60 month(s) per member	N		
D0340	2D Cephalometric Radiographic Image	0-999		N		
D0350	Oral/Facial Photographic Images	0-999		N		
D0367	Cone Beam - Both Jaws	0-999	1 per 5 year(s) per member	Y	Narrative of Medical Necessity	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0373	intraoral tomosynthesis – bitewing radiographic image	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0374	intraoral tomosynthesis – periapical radiographic image	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image ca	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0411	Test For Diabetes	0-999		Y	Narrative of Medical Necessity	
D0412	Test For Diabetes	0-999		Y	Narrative of Medical Necessity	
D0470	Diagnostic Casts	0-999		N		
D0604	antigen testing for a public health related pathogen, including coronavirus	0-999		N		
D0605	antibody testing for a public health related pathogen, including coronavirus	0-999		N		
D0606	Molecular testing for a public health related pathogen, including Coronavirus	0-999		N		
D0801	3D dental surface scan – direct	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0802	3D dental surface scan – indirect A surface scan of a diagnostic Cast	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0803	3D facial surface scan – direct	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0804	3D facial surface scan – indirect A surface scan of constructed facial feature	0-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D1110	Prophylaxis – Adult	18-20	1 per 180 day(s) per member	N		
D1110	Prophylaxis – Adult	21-999	1 per 365 day(s) per member	N		
D1206	Topical Application Of Fluoride Varnish	18-20	1 per 180 day(s) per member	N		
D1208	Topical Application of Fluoride	18-20	1 per 180 day(s) per member	N		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0-999	2 per 365 day(s) per member	N		
D1321	counseling for the control and prevention of adverse oral, behavioral, and syste	0-999	2 per 365 days per member	N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D1351	Sealant - Per Tooth	18-20		N		
D1354	Interim Caries Arresting Medicament Application - per tooth	0-999	3 per 1 year(s) per patient per tooth	N		
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	18-20		N		
D1516	Space Maintainer - Fixed - Bilateral, maxillary	18-20		N		
D1517	Space Maintainer - Fixed - Bilateral, mandibular	18-20		N		
D1520	Space Maintainer - Removable - Unilateral - per quadrant	18-20		N		
D1526	Space Maintainer - Removable - Bilateral, maxillary	18-20		N		
D1527	Space Maintainer - Removable - Bilateral, mandibular	18-20		N		
D1705	AstraZeneca COVID-19 vaccine administration – first dose	0-999	1 per 1 lifetime per member	N		
D1706	AstraZeneca COVID-19 vaccine administration – second dose	0-999	1 per 1 lifetime per member	N		
D1781	vaccine administration – human papillomavirus – Dose 1 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D1782	vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D1783	vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramus	0-999	1 per 1 lifetime per member	N		
D2140	Amalgam - One Surface, Primary Or Permanent	0-999		N		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999		N		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999		N		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999		N		
D2330	Resin-Based Composite - One Surface, Anterior	0-999		N		
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999		N		
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999		N		
D2335	resin-based composite – four or more	0-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	surfaces (anterior)					
D2390	Resin-Based Composite Crown, Anterior	0-999		N		
D2391	Resin-Based Composite - One Surface, Posterior	0-999		N		
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999		N		
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999		N		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999		N		
D2740	Crown - Porcelain/Ceramic	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2752	Crown - Porcelain Fused To Noble Metal	0-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2920	Re-Cement or Re-Bond Crown	0-999		N		
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0-999		N		
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-999		N		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999		N		
D2931	prefabricated stainless steel crown – permanent tooth	0-999		N		
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-999		N		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	0-999		N		
D2940	Protective Restoration	0-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2941	Interim Therapeutic Restoration - Primary Dentition	0-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2950	Core Buildup, Including Any Pins When Required	0-999		N		
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999		Y	Current pre-operative x-ray(s)	Payment for this code includes up to 3 pins per tooth
					Current pre-op x-rays;	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-999		Y	For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D2954	Prefabricated Post And Core In Addition To Crown	0-999		Y	Current pre-op x-rays; For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D3220	Therapeutic Pulpotomy	0-999		N		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999		N		
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-999		N		
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-999		N		
D3351	Apexification / Recalcification - Initial Visit	0-999		N		
D3352	Apexification / Recalcification - Interim	0-999		N		
D3353	Apexification / Recalcification - Final Visit	0-999		N		
D3410	Apicoectomy - Anterior	0-999		N		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999		Y	Current pre-op x-rays Complete current 6 point periodontal charting Narrative of medical necessity	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999		Y	Current pre-op x-rays Complete current 6 point periodontal charting Narrative of medical necessity	
D4286	removal of non-resorbable barrier	0-999		Y	Narrative of Medical Necessity	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series Complete, current 6 point periodontal charting	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series Complete, current 6 point periodontal charting	
D4910	Periodontal Maintenance	0-999	1 per 12 month(s) per member	N		
D5110	Complete Denture - Maxillary	0-999	1 per 8 year(s) per	Y	Panoramic x-ray or full	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
			member		mouth series	
D5120	Complete Denture - Mandibular	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5130	Immediate Denture - Maxillary	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5140	Immediate Denture - Mandibular	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5211	Maxillary Partial Denture - Resin Base	18-18	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5212	Mandibular Partial Denture - Resin Base	18-18	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5213	maxillary partial denture - cast metal framework with resin denture bases	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5214	mandibular partial denture - cast metal framework with resin denture bases	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5282	removable unilateral partial denture - one piece cast metal (including retentive)	0-999		Y	Narrative of Medical Necessity	
D5283	removable unilateral partial denture - one piece cast metal (including retentive)	0-999		Y	Narrative of Medical Necessity	
D5511	Repair Broken Complete Denture Base - Mandibular	0-999		N		
D5512	Repair Broken Complete Denture Base - Maxillary	0-999		N		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0-999		N		
D5611	Repair Resin Partial Denture Base - Mandibular	0-999		N		
D5612	Repair Resin Partial Denture Base - Maxillary	0-999		N		
D5621	Repair Cast Partial Framework - Mandibular	0-999		N		
D5622	Repair Cast Partial Framework - Maxillary	0-999		N		
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	0-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5640	Replace Broken Teeth - Per Tooth	0-999		N		
D5650	Add Tooth To Existing Partial Denture	0-999		N		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0-999		N		
D5750	reline complete maxillary denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5751	reline complete mandibular denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5760	reline maxillary partial denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5761	reline mandibular partial denture (indirect)	0-999	1 per 3 year(s) per member	N		
D5876	add metal substructure to acrylic full denture (per arch) Use of metal substruct	0-999		Y	Narrative of Medical Necessity	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0-999		Y	Panoramic x-ray or full mouth series; Narrative of medical necessity	
D5913	Nasal Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5915	Orbital Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5916	Ocular Prosthesis	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5931	Obturator Prosthesis, Surgical	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
					Current radiographs or images demonstrating the condition; Narrative of medical	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5932	Obturator Prosthesis, Definitive	0-999		Y	necessity; Surgical history; Associated Diagnosis	
D5934	Mandibular Resection Prosthesis With Guide Flange	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5935	Mandibular Resection Prosthesis Without Guide Flange	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5955	Palatal Lift Prosthesis, Definitive	0-999		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999		Y	Pre-op x-rays Narrative of medical necessity	
D6096	Remove Broken Implant Retaining Screw	0-999		Y	Narrative of Medical Necessity	
D6105	removal of implant body not requiring bone removal or flap elevation	0-999		Y	Narrative of Medical Necessity	
D6106	guided tissue regeneration - resorbable barrier, per implant	0-999		Y	Narrative of Medical Necessity	
D6107	guided tissue regeneration - non-resorbable barrier, per implant	0-999		Y	Narrative of Medical Necessity	
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibu	0-999		Y	Narrative of Medical Necessity	
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxilla	0-999		Y	Narrative of Medical Necessity	
D6197	replacement of restorative material used to close an access opening of a screw-r	0-999		Y	Narrative of Medical Necessity	
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	1 per 1 lifetime per member	N		
D7210	Extraction, Erupted Tooth	0-999	1 per 1 lifetime per member	N		
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per 1 lifetime per member	N		Tooth #1, #16, #17, and #32 do not require prior authorization for this code.
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per 1 lifetime per	Y	Current pre-op	Tooth #2 - #15 and Tooth

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
			member		panoramic x-ray; Narrative of medical necessity	#18 - #31 require prior authorization for this code.
D7230	Removal Of Impacted Tooth - Partially Bony	0-999	1 per 1 lifetime per member	N		
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity	
D7260	Oroantral Fistula Closure	0-999	1 per 1 lifetime per member	N		
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0-999		N		
D7280	Exposure of an Unerupted Tooth	0-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray or PA of entire tooth; Narrative of medical necessity	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999		N		
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999		N		
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	0-999		Y	Narrative of Medical Necessity	
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0-999		Y	Narrative of Medical Necessity	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 lifetime per member	N		
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	0-999	1 per 1 lifetime per member	N		
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 lifetime per member	N		
D7450	Removal Of Benign Odontogenic Cyst Or	0-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	Tumor - Dia Up To 1.25 Cm					
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		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999		N		
D7472	Removal Of Torus Palatinus	0-999		N		
D7473	Removal Of Torus Mandibularis	0-999		N		
D7509	marsupialization of odontogenic cyst Surgical decompression of a large cystic le	0-999		Y	Narrative of Medical Necessity	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999		N		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999		N		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0-999		N		
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	0-999		Y	Current panoramic x-ray; Narrative of Medical Necessity	
D7899	Unspecified Tmd Therapy, By Report	0-999		Y	Narrative of medical necessity; TMJ radiographs	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	0-999		Y	Narrative of Medical Necessity	
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	0-999		Y	Narrative of Medical Necessity	
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		
D7979	Non-Surgical Sialolithotomy	0-999		Y	Narrative of Medical Necessity	
					Completed OH HLD modification score sheet; Lateral and frontal photographs of the patient with lips together; Lateral	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-21	1 per 1 lifetime per member	Y	cephalometric film with lips together, including a tracing; A complete series of intraoral images; Diagnostic model or equivalent; A treatment plan, including the projected length of Treatment	
D8210	Removable Appliance Therapy	0-21		Y	Narrative of Medical Necessity	
D8220	Fixed Appliance Therapy	0-21		Y	Narrative of Medical Necessity	
D8670	Periodic Orthodontic Treatment Visit	0-21	22 per 1 lifetime per member	Y	Approved D8080 case	
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	0-21	1 per 1 lifetime per member	Y	Narrative of medical necessity	Payment for this includes up to two retainers
D8695	Removal Of Fixed Orthodontic Appliances	0-21		Y	Narrative of Medical Necessity	
D9130	Temporomandibular Joint Dysfunction - Non-invasive Physical Therapies	0-999		Y	Narrative of Medical Necessity	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 per 1 day(s) per member	N		
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999	4 per 1 day(s) per member	N		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	18-20		N		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	21-999		Y	Narrative of Medical Necessity	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0-999	1 per 1 day(s) per member	N		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0-999	4 per 1 day(s) per member	N		
D9610	Therapeutic Parenteral Drug, Single Administration	0-999	1 per 1 day(s) per member	N		
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	0-999	1 per 1 day(s) per member	N		
D9613	Infiltration of sustained release therapeutic drug, per quadrant	0-999		Y	Narrative of Medical Necessity	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D9920	Behavior Management, By Report	0-999		Y	Narrative of Medical Necessity	
D9944	Occlusal Guard-hard appliance, full arch	0-999		N		
D9945	Occlusal Guard-soft appliance, full arch	0-999		N		
D9946	Occlusal Guard-hard appliance, partial arch	0-999		N		
D9947	Custom sleep apnea appliance fabrication and placement	0-999		Y	Narrative of Medical Necessity	
D9948	Adjustment of custom sleep apnea appliance	0-999		Y	Narrative of Medical Necessity	
D9949	Repair of custom sleep apnea appliance	0-999		Y	Narrative of Medical Necessity	
D9953	reline custom sleep apnea appliance (indirect) Resurface dentition side of appli	0-999		Y	Narrative of Medical Necessity	
D9961	Duplicate / Copy Patient's Records	0-999		Y	Narrative of Medical Necessity	
D9990	Translation Services	0-999		Y	Narrative of Medical Necessity	
D9995	Teledentistry - Synchronous; Real-Time Encounter	0-999		N		
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	0-999		Y	Narrative of Medical Necessity	
D9997	Dental case management	0-999		Y	Narrative of Medical Necessity	
D9999	Unspecified Adjunctive Procedure, By Report	0-999		Y	Description of procedure and narrative of medical necessity	

MMP Benefit Grid

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D0120	Periodic Oral Exam	21-999	1 per 365 day(s) per member	N		
D0140	Limited Oral Evaluation - Problem Focused	21-999		N		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	21-999	1 per 5 year(s) per member/per provider or location	N		
D0180	Comprehensive periodontal evaluation	21-999	1 per 365 day(s) per member	N		
D0210	Intraoral - Comprehensive Series of Radiographic Images	21-999	1 per 5 year(s) per member	N		
D0220	Intraoral - Periapical First Radiographic Image	21-999		N		
D0230	Intraoral - Periapical Each Additional Image	21-999		N		
D0240	Intraoral - Occlusal Radiographic Image	21-999		N		
D0250	Extraoral - 2D Projection Radiographic image	21-999		N		
D0270	Bitewing - Single Radiographic Image	21-999	1 per 6 month(s) per member	N		
D0272	Bitewings - Two Radiographic Images	21-999	1 per 6 month(s) per member	N		
D0273	Bitewings - Three Radiographic Images	21-999	1 per 6 month(s) per member	N		
D0274	Bitewings - Four Radiographic Images	21-999	1 per 6 month(s) per member	N		
D0321	Other Temporomandibular Joint Radiographic Images, By Report	21-999		N		
D0330	Panoramic Radiographic Image	21-999	1 per 60 month(s) per member	N		
D0340	2D Cephalometric Radiographic Image	21-999		N		
D0350	Oral/Facial Photographic Images	21-999		N		
D0367	Cone Beam - Both Jaws	21-999	1 per 5 year(s) per member	Y	Narrative of Medical Necessity	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0373	intraoral tomosynthesis – bitewing radiographic image	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0374	intraoral tomosynthesis – periapical radiographic image	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	intraoral tomosynthesis – comprehensive					Narrative of Medical
D0387	series of radiographic images – image ca	21-999		Y	Necessity, Supporting Medical Records	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0411	Test For Diabetes	21-999		Y	Narrative of Medical Necessity	
D0412	Test For Diabetes	21-999		Y	Narrative of Medical Necessity	
D0470	Diagnostic Casts	21-999		N		
D0604	antigen testing for a public health related pathogen, including coronavirus	21-999		N		
D0605	antibody testing for a public health related pathogen, including coronavirus	21-999		N		
D0606	Molecular testing for a public health related pathogen, including coronavirus	21-999		N		
D0801	3D dental surface scan – direct	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0802	3D dental surface scan – indirect A surface scan of a diagnostic cast	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0803	3D facial surface scan – direct	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D0804	3D facial surface scan – indirect A surface scan of constructed facial feature	21-999		Y	Narrative of Medical Necessity, Supporting Medical Records	
D1110	Prophylaxis – Adult	21-999	1 per 365 day(s) per member	N		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	21-999	2 per 365 day(s) per member	N		
D1321	counseling for the control and prevention of adverse oral, behavioral, and syste	21-999	2 per 365 days per member	N		
D1354	Interim Caries Arresting Medicament Application - per tooth	21-999	3 per 1 year(s) per patient per tooth	N		
D1705	AstraZeneca COVID-19 vaccine administration – first dose	21-999	1 per 1 lifetime per member	N		
D1706	AstraZeneca COVID-19 vaccine administration – second dose	21-999	1 per 1 lifetime per member	N		
D1781	vaccine administration – human papillomavirus – Dose 1 Gardasil9 0.5mL intramus	21-999	1 per 1 lifetime per member	N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D1782	vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramus	21-999	1 per 1 lifetime per member	N		
D1783	vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramus	21-999	1 per 1 lifetime per member	N		
D2140	Amalgam - One Surface, Primary Or Permanent	21-999		N		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	21-999		N		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	21-999		N		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	21-999		N		
D2330	Resin-Based Composite - One Surface, Anterior	21-999		N		
D2331	Resin-Based Composite - Two Surfaces, Anterior	21-999		N		
D2332	Resin-Based Composite - Three Surfaces, Anterior	21-999		N		
D2335	resin-based composite – four or more surfaces (anterior)	21-999		N		
D2390	Resin-Based Composite Crown, Anterior	21-999		N		
D2391	Resin-Based Composite - One Surface, Posterior	21-999		N		
D2392	Resin-Based Composite - Two Surfaces, Posterior	21-999		N		
D2393	Resin-Based Composite - Three Surfaces, Posterior	21-999		N		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	21-999		N		
D2740	Crown - Porcelain/Ceramic	21-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	21-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2752	Crown - Porcelain Fused To Noble Metal	21-999		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films	
D2920	Re-Cement or Re-Bond Crown	21-999		N		
D2928	prefabricated porcelain/ceramic crown –	21-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	permanent tooth					
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	21-999		N		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	21-999		N		
D2931	prefabricated stainless steel crown - permanent tooth	21-999		N		
D2933	Prefabricated Stainless Steel Crown With Resin Window	21-999		N		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	21-999		N		
D2940	Protective Restoration	21-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2941	Interim Therapeutic Restoration - Primary Dentition	21-999	1 per 180 days per tooth	N		Max 5 per lifetime
D2950	Core Buildup, Including Any Pins When Required	21-999		N		
D2951	Pin Retention - Per Tooth, In Addition To Restoration	21-999		Y	Current pre-operative x-ray(s)	Payment for this code includes up to 3 pins per tooth
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	21-999		Y	Current pre-op x-rays; For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D2954	Prefabricated Post And Core In Addition To Crown	21-999		Y	Current pre-op x-rays; For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required	
D3220	Therapeutic Pulpotomy	21-999		N		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	21-999		N		
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	21-999		N		
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	21-999		N		
D3351	Apexification / Recalcification - Initial Visit	21-999		N		
D3352	Apexification / Recalcification - Interim	21-999		N		
D3353	Apexification / Recalcification - Final Visit	21-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D3410	Apicoectomy - Anterior	21-999		N		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	21-999		Y	Current pre-op x-rays; Complete current 6 point periodontal charting; Narrative of medical necessity	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	21-999		Y	Current pre-op x-rays; Complete current 6 point periodontal charting; Narrative of medical necessity	
D4286	removal of non-resorbable barrier	21-999		Y	Narrative of Medical Necessity	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	21-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series; Complete, current 6 point periodontal charting	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	21-999	1 per 24 month(s) per member	Y	Panoramic x-ray or full series; Complete, current 6 point periodontal charting	
D4910	Periodontal Maintenance	21-999	1 per 12 month(s) per member	N		
D5110	Complete Denture - Maxillary	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5120	Complete Denture - Mandibular	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5130	Immediate Denture - Maxillary	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5140	Immediate Denture - Mandibular	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5213	maxillary partial denture - cast metal framework with resin denture bases	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5214	mandibular partial denture - cast metal framework with resin denture bases	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5226	mandibular partial denture - flexible base (including retentive/ clasping materials, rests, and teeth)	21-999	1 per 8 year(s) per member	Y	Panoramic x-ray or full mouth series	
D5282	removable unilateral partial denture - one piece cast metal (including retentive	21-999		Y	Narrative of Medical Necessity	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5283	removable unilateral partial denture - one piece cast metal (including retentive	21-999		Y	Narrative of Medical Necessity	
D5511	Repair Broken Complete Denture Base - Mandibular	21-999		N		
D5512	Repair Broken Complete Denture Base - Maxillary	21-999		N		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	21-999		N		
D5611	Repair Resin Partial Denture Base - Mandibular	21-999		N		
D5612	Repair Resin Partial Denture Base - Maxillary	21-999		N		
D5621	Repair Cast Partial Framework - Mandibular	21-999		N		
D5622	Repair Cast Partial Framework - Maxillary	21-999		N		
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	21-999		N		
D5640	Replace Broken Teeth - Per Tooth	21-999		N		
D5650	Add Tooth To Existing Partial Denture	21-999		N		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	21-999		N		
D5750	reline complete maxillary denture (indirect)	21-999	1 per 3 year(s) per member	N		
D5751	reline complete mandibular denture (indirect)	21-999	1 per 3 year(s) per member	N		
D5760	reline maxillary partial denture (indirect)	21-999	1 per 3 year(s) per member	N		
D5761	reline mandibular partial denture (indirect)	21-999	1 per 3 year(s) per member	N		
D5876	add metal substructure to acrylic full denture (per arch) Use of metal substruct	21-999		Y	Narrative of Medical Necessity	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	21-999		Y	Panoramic x-ray or full mouth series; Narrative of medical necessity	
D5913	Nasal Prosthesis	21-999		Y	Current radiographs or images demonstrating the Condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	Current radiographs

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D5915	Orbital Prosthesis	21-999		Y	or images demonstrating the Condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5916	Ocular Prosthesis	21-999		Y	Current radiographs or images demonstrating the Condition Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5931	Obturator Prosthesis, Surgical	21-999		Y	Current radiographs or images demonstrating the Condition Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5932	Obturator Prosthesis, Definitive	21-999		Y	Current radiographs or images demonstrating the Condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5934	Mandibular Resection Prosthesis With Guide Flange	21-999		Y	Current radiographs or images demonstrating the Condition Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5935	Mandibular Resection Prosthesis Without Guide Flange	21-999		Y	Current radiographs or images demonstrating the Condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5955	Palatal Lift Prosthesis, Definitive	21-999		Y	Current radiographs or images demonstrating the Condition; Narrative of medical necessity; Surgical history; Associated Diagnosis	
D5999	Unspecified Maxillofacial Prosthesis, By	21-999		Y	Pre-op x-rays; Narrative of medical	

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
	Report				necessity	
D6096	Remove Broken Implant Retaining Screw	21-999		Y	Narrative of Medical Necessity	
D6105	removal of implant body not requiring bone removal or flap elevation	21-999		Y	Narrative of Medical Necessity	
D6106	guided tissue regeneration – resorbable barrier, per implant	21-999		Y	Narrative of Medical Necessity	
D6107	guided tissue regeneration – non-resorbable barrier, per implant	21-999		Y	Narrative of Medical Necessity	
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibu	21-999		Y	Narrative of Medical Necessity	
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxilla	21-999		Y	Narrative of Medical Necessity	
D6197	replacement of restorative material used to close an access opening of a screw-r	21-999		Y	Narrative of Medical Necessity	
D7140	Extraction, Erupted Tooth Or Exposed Root	21-999	1 per 1 lifetime per member	N		
D7210	Extraction, Erupted Tooth	21-999	1 per 1 lifetime per member	N		
D7220	Removal Of Impacted Tooth - Soft Tissue	21-999	1 per 1 lifetime per member	N		Tooth #1, #16, #17, and #32 do not require prior authorization for this code.
D7220	Removal Of Impacted Tooth - Soft Tissue	21-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	Tooth #2 - #15 and Tooth #18 - #31 require prior authorization for this code.
D7230	Removal Of Impacted Tooth - Partially Bony	21-999	1 per 1 lifetime per member	N		
D7240	Removal Of Impacted Tooth - Completely Bony	21-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	21-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity	
D7250	Removal Of Residual Tooth (Cutting Procedure)	21-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity	
D7260	Oroantral Fistula Closure	21-999	1 per 1 lifetime per member	N		
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	21-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D7280	Exposure of an Unerupted Tooth	21-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray or PA of entire tooth Narrative of medical necessity	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	21-999	1 per 1 lifetime per member	Y	Current Pre-op x-ray Narrative of medical necessity	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	21-999		N		
D7286	Incisional Biopsy Of Oral Tissue - Soft	21-999		N		
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	21-999		Y	Narrative of Medical Necessity	
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	21-999		Y	Narrative of Medical Necessity	
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	21-999	1 per 1 lifetime per member	N		
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	21-999	1 per 1 lifetime per member	N		
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	21-999	1 per 1 lifetime per member	N		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21-999		N		
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21-999		N		
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21-999		N		
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21-999		N		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	21-999		N		
D7472	Removal Of Torus Palatinus	21-999		N		
D7473	Removal Of Torus Mandibularis	21-999		N		
D7509	marsupialization of odontogenic cyst Surgical decompression of a large cystic le	21-999		Y	Narrative of Medical Necessity	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	21-999		N		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	21-999		N		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	21-999		N		

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	21-999		Y	Current panoramic x-ray; Narrative of Medical Necessity	
D7899	Unspecified Tmd Therapy, By Report	21-999		Y	Narrative of medical necessity; TMJ radiographs	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	21-999		Y	Narrative of Medical Necessity	
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	21-999		Y	Narrative of Medical Necessity	
D7961	buccal / labial frenectomy (frenulectomy)	21-999		N		
D7962	lingual frenectomy (frenulectomy)	21-999		N		
D7970	Excision Of Hyperplastic Tissue - Per Arch	21-999		N		
D7979	Non-Surgical Sialolithotomy	21-999		Y	Narrative of Medical Necessity	
D9130	Temporomandibular Joint Dysfunction - Non-invasive Physical Therapies	21-999		Y	Narrative of Medical Necessity	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	21-999	1 per 1 day (s) per member	N		
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	21-999	4 per 1 day (s) per member	N		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	21-999		Y	Narrative of Medical Necessity	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	21-999	1 per 1 day (s) per member	N		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	21-999	4 per 1 day (s) per member	N		
D9610	Therapeutic Parenteral Drug, Single Administration	21-999	1 per 1 day (s) per member	N		
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	21-999	1 per 1 day (s) per member	N		
D9613	Infiltration of sustained release therapeutic drug, per quadrant	21-999		Y	Narrative of Medical Necessity	
D9920	Behavior Management, By Report	21-999		Y	Narrative of Medical Necessity	
D9944	Occlusal Guard-hard appliance, full arch	21-999		N		
D9945	Occlusal Guard-soft appliance, full arch	21-999		N		
D9946	Occlusal Guard-hard appliance, partial arch	21-999		N		



Dental Benefit Providers®

Reimbursement Policy
Dental
Effective Date: May 1, 2024
Policy Number: CSDENR001.A

CODE	DESCRIPTION	AGE LIMITS	FREQUENCY LIMITS	AUTH REQUIREMENT (Y/N)	AUTH REQUIRED DOCS	ADDITIONAL REQUIREMENTS
D9947	Custom sleep apnea appliance fabrication and placement	21-999		Y	Narrative of Medical Necessity	
D9948	Adjustment of custom sleep apnea appliance	21-999		Y	Narrative of Medical Necessity	
D9949	Repair of custom sleep apnea appliance	21-999		Y	Narrative of Medical Necessity	
D9953	reline custom sleep apnea appliance (indirect) Resurface dentition side of appli	21-999		Y	Narrative of Medical Necessity	
D9961	Duplicate / Copy Patient's Records	21-999		Y	Narrative of Medical Necessity	
D9990	Translation Services	21-999		Y	Narrative of Medical Necessity	
D9995	Teledentistry - Synchronous; Real-Time Encounter	21-999		N		
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	21-999		Y	Narrative of Medical Necessity	
D9997	Dental case management	21-999		Y	Narrative of Medical Necessity	
D9999	Unspecified Adjunctive Procedure, By Report	21-999		Y	Description of procedure and narrative of medical necessity	

State Exceptions

State Exceptions:

Ohio

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Definitions

Medical Necessity

For Ohio only, medical necessity is defined in Ohio Administrative Code 5160-1-01.

Code Family

A group of CDT codes that describe the same or similar type of service.

Narrative of Medical Necessity

Documentation provided in writing to explain the rationale for the requested procedure, or why exceeding frequency or coverage limitations is required to meet the individual member's needs.

Questions and Answers

1

Q: *For a benefit that has a frequency or benefit limit, can those limits be exceeded in medically necessary?*

A: Yes. Individual members unique medical needs may necessitate exceeding frequency or benefit limitations and be medically necessary under Ohio Administrative Code 5160-1-01. To request authorization, a prior authorization request for medical necessity must be filed with United Healthcare Dental Benefit Providers.

Member eligibility, benefits, claims, authorizations, network participation and contract questions can be directed to provider services at the following:

Phone: 1-855-642-5483
Hours: 8AM – 6PM EST.
Monday – Friday (IVR: 24/7)

Q: Can I do a prior authorization by mail?

A: Yes. Individual members unique medical needs may necessitate exceeding frequency or benefit limitations and be medically necessary under Ohio Administrative Code 5160-1-01. To request authorization, a prior authorization request for medical necessity can be filed in writing to:

UnitedHealthcare OH Authorizations
PO Box 2126
Milwaukee, WI 53201

Attachments

Dental Provider Manual (for Ohio Only)

A manual that outlines billing and coding procedures for dental providers in the state of Ohio.

Resources

Ohio Administrative Code 5160-1-01

Ohio Medicaid regulations, manuals & fee schedules

American Dental Association, *Current Dental Terminology (CDT®)* and associated publications and services

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)

History

03/30/2024

Policy implemented by Dental Benefit Providers®