

# UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid) MMP Members Ages 18 and Over Dental Quick Reference Guide

Effective: May 1, 2024



## UHCdental.com/medicaid

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



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 2126  
Milwaukee, WI 53201



## Provider services

Phone: **1-855-642-5483**  
8 a.m. – 6 p.m. ET Monday–Friday (IVR: 24/7)  
Member eligibility, benefits, claims,  
authorizations, network participation and  
contract questions

## Appeals for service denials

UnitedHealthcare Community Plan  
Attn: Appeals Department  
P.O. Box 6103  
MS CA124-0187  
Cypress, CA 90630-0023  
Toll-free: **1-877-542-9236 (TTY 711)**



## Claims

UnitedHealthcare OH Dental  
Claims  
P.O. Box 2139  
Milwaukee, WI 53201

## EDI Payer ID

GP133

## Claim disputes or adjustments

UnitedHealthcare OH Dental  
Claim Appeals  
P.O. Box 1455  
Milwaukee, WI 53201

## Corrected claims

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

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


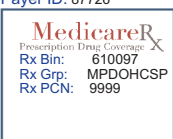
## Important notes

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


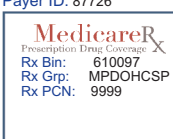


**Dental Benefit  
Providers®**

## Sample member ID cards


 Health Plan (80840) 911-87726-04  
**Member ID: 000000409**  
 Member: NEW ENGLISH  
 MMIS: 999999940911  
 Payer ID: 87726  
  
 Rx Bin: 610097  
 Rx Grp: MPDOHCSP  
 Rx PCN: 9999  
 PCP Name: Refer to Medicare PCP  
 H2531 PBP# 001  
 UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan)

Printed: 08/11/22  
 In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.  
 Website: [MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan)  
 Member Services: 1-877-542-9236 TTY 711  
 Behavioral Health Crisis: 1-877-542-9236 TTY 711  
 Care Management: 1-877-542-9236 TTY 711  
 24 Hour Nurse Advice: 1-800-542-8630 TTY 711  
 For Providers: 1-800-600-9007  
 Send claims to: PO Box 8207, Kingston, NY, 12402-8207  
 Eligibility Verification: 1-800-600-9007 Claim Inquiry: 1-800-600-9007  
 Pharmacy Claims: OptumRx, PO Box 650287, Dallas, TX 75265-0287  
 Pharmacy Help Desk: 1-877-889-6510


 Health Plan (80840) 911-87726-04  
**Member ID: 000000413**  
 Member: NEW ENGLISH  
 MMIS: 999999941316  
 PCP Name: GETWELL  
 DOUGLAS (216)961-2090  
 Payer ID: 87726  
  
 Rx Bin: 610097  
 Rx Grp: MPDOHCSP  
 Rx PCN: 9999  
 PCP Name: GETWELL  
 DOUGLAS (216)961-2090  
 H2531 PBP# 001  
 UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan)

Printed: 10/13/20  
 In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.  
 Website: [MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan)  
 Member Services: 1-877-542-9236 TTY 711  
 Behavioral Health Crisis: 1-877-542-9236 TTY 711  
 Care Management: 1-877-542-9236 TTY 711  
 24 Hour Nurse Advice: 1-800-542-8630 TTY 711  
 For Providers: 1-800-600-9007  
 Send claims to: PO Box 8207, Kingston, NY, 12402-8207  
 Eligibility Verification: 1-800-600-9007 Claim Inquiry: 1-800-600-9007  
 Pharmacy Claims: OptumRx, PO Box 650287, Dallas, TX 75265-0287  
 Pharmacy Help Desk: 1-877-889-6510

## Benefit coverage, limitations, and requirements

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

### MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0120	Periodic Oral Exam	18-20	1 per 180 days per member	N	
D0140	Limited Oral Evaluation - Problem Focused	18-20		N	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	18-20	1 per 5 years per member/per provider or location	N	
D0180	Comprehensive periodontal evaluation	18-20	1 per 365 days per member	N	
D0210	Intraoral - Comprehensive Series of Radiographic Images	18-20	1 per 5 years per member	N	
D0220	Intraoral - Periapical First Radiographic Image	18-20		N	
D0230	Intraoral - Periapical Each Additional Image	18-20		N	
D0240	Intraoral - Occlusal Radiographic Image	18-20		N	
D0250	Extraoral - 2D Projection Radiographic image	18-20		N	
D0270	Bitewing - Single Radiographic Image	18-20	1 per 6 months per member	N	
D0272	Bitewings - Two Radiographic Images	18-20	1 per 6 months per member	N	
D0273	Bitewings - Three Radiographic Images	18-20	1 per 6 months per member	N	
D0274	Bitewings - Four Radiographic Images	18-20	1 per 6 months per member	N	
D0321	Other Temporomandibular Joint Radiographic Images, By Report	18-20		N	
D0330	Panoramic Radiographic Image	18-20	1 per 60 months per member	N	
D0340	2D Cephalometric Radiographic Image	18-20		N	
D0350	Oral/Facial Photographic Images	18-20		N	
D0367	Cone Beam - Both Jaws	18-20	1 per 5 years per member	Y	Narrative of Medical Necessity



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0373	Intraoral tomosynthesis - bitewing radiographic image	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0374	Intraoral tomosynthesis - periapical radiographic image	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image ca	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0396	3D Printing of a 3D Dental Surface Scan	18-20			
D0411	Test For Diabetes	18-20		Y	Narrative of Medical Necessity
D0412	Test For Diabetes	18-20		Y	Narrative of Medical Necessity
D0470	Diagnostic Casts	18-20		N	
D0604	Antigen testing for a public health related pathogen, including coronavirus	18-20		N	
D0605	Antibody testing for a public health related pathogen, including coronavirus	18-20		N	
D0606	Molecular testing for a public health related pathogen, including Coronavirus	18-20		N	
D0801	3D dental surface scan - direct	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0802	3D dental surface scan - indirect A surface scan of a diagnostic Cast	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0803	3D facial surface scan - direct	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D0804	3D facial surface scan - indirect A surface scan of constructed facial feature	18-20		Y	Narrative of Medical Necessity, Supporting Medical Records
D1110	Prophylaxis - Adult	18-20	1 per 180 days per member	N	
D1206	Topical Application Of Fluoride Varnish	18-20	1 per 180 days per member	N	
D1208	Topical Application of Fluoride	18-20	1 per 180 days per member	N	
D1301	Immunization Counseling	18-20			
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	18-20	2 per 365 days per member	N	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and syste	18-20	2 per 365 days per member	N	
D1351	Sealant - Per Tooth	18-20		N	
D1354	Interim Caries Arresting Medicament Application - per tooth	18-20	3 per 1 year 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	



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D1527	Space Maintainer - Removable - Bilateral, mandibular	18-20		N	
D2140	Amalgam - One Surface, Primary Or Permanent	18-20		N	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	18-20		N	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	18-20		N	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	18-20		N	
D2330	Resin-Based Composite - One Surface, Anterior	18-20		N	
D2331	Resin-Based Composite - Two Surfaces, Anterior	18-20		N	
D2332	Resin-Based Composite - Three Surfaces, Anterior	18-20		N	
D2335	Resin-based composite - four or more surfaces (anterior)	18-20		N	
D2390	Resin-Based Composite Crown, Anterior	18-20		N	
D2391	Resin-Based Composite - One Surface, Posterior	18-20		N	
D2392	Resin-Based Composite - Two Surfaces, Posterior	18-20		N	
D2393	Resin-Based Composite - Three Surfaces, Posterior	18-20		N	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	18-20		N	
D2740	Crown - Porcelain/Ceramic	18-20		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films
D2751	Crown - Porcelain Fused To Predominantly Base Metal	18-20		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films
D2752	Crown - Porcelain Fused To Noble Metal	18-20		Y	Current pre-op x-rays; Narrative of medical necessity if decay not evident on films
D2920	Re-Cement or Re-Bond Crown	18-20		N	
D2928	prefabricated porcelain/ceramic crown - permanent tooth	18-20		N	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	18-20		N	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	18-20		N	
D2931	prefabricated stainless steel crown - permanent tooth	18-20		N	
D2933	Prefabricated Stainless Steel Crown With Resin Window	18-20		N	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	18-20		N	
D2940	Protective Restoration	18-20	1 per 180 days per tooth; Max 5 per lifetime	N	
D2941	Interim Therapeutic Restoration - Primary Dentition	18-20	1 per 180 days per tooth; Max 5 per lifetime	N	
D2950	Core Buildup, Including Any Pins When Required	18-20		N	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	18-20	Pin retention is reimbursed per tooth, up to a maximum of 3 pins per tooth	N	



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	18-20		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	18-20		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
D2976	Band Stabilization - per tooth	18-20	1 per lifetime		
D2989	Evacuation of a Tooth Resulting in the Determination of Non-restorability	18-20			
D2991	Application of Hydroxyapatite Regeneration Medicament - per tooth	18-20	2 per 1 year		
D3220	Therapeutic Pulpotomy	18-20		N	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	18-20		N	
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	18-20		N	
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	18-20		N	
D3351	Apexification / Recalcification - Initial Visit	18-20		N	
D3352	Apexification / Recalcification - Interim	18-20		N	
D3353	Apexification / Recalcification - Final Visit	18-20		N	
D3410	Apicoectomy - Anterior	18-20		N	
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	18-20		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	18-20		Y	Current pre-op x-rays; Complete current 6 point periodontal charting; Narrative of medical necessity
D4286	removal of non-resorbable barrier	18-20		Y	Narrative of Medical Necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	18-20	1 per 24 months 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	18-20	1 per 24 months per member	Y	Panoramic x-ray or full series; Complete current 6 point periodontal charting
D4910	Periodontal Maintenance	18-20	1 per 12 months per member	N	
D5110	Complete Denture - Maxillary	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5120	Complete Denture - Mandibular	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5130	Immediate Denture - Maxillary	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5140	Immediate Denture - Mandibular	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5211	Maxillary Partial Denture - Resin Base	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5212	Mandibular Partial Denture - Resin Base	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5213	Maxillary Partial Denture - cast metal framework with resin denture bases	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5214	Mandibular Partial Denture - cast metal framework with resin denture bases	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5225	Maxillary Partial Denture - flexible base (including retentive/ clasping materials, rests, and teeth)	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5226	Mandibular Partial Denture – flexible base (including retentive/ clasping materials, rests, and teeth)	18-20	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5282	Removable Unilateral Partial Denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth) - Maxillary	18-20		Y	Narrative of Medical Necessity
D5283	Removable Unilateral Partial Denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth) - Mandibular	18-20		Y	Narrative of Medical Necessity
D5511	Repair Broken Complete Denture Base - Mandibular	18-20		N	
D5512	Repair Broken Complete Denture Base - Maxillary	18-20		N	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	18-20		N	
D5611	Repair Resin Partial Denture Base - Mandibular	18-20		N	
D5612	Repair Resin Partial Denture Base - Maxillary	18-20		N	
D5621	Repair Cast Partial Framework - Mandibular	18-20		N	
D5622	Repair Cast Partial Framework - Maxillary	18-20		N	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	18-20		N	
D5640	Replace Broken Teeth - Per Tooth	18-20		N	
D5650	Add Tooth To Existing Partial Denture	18-20		N	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	18-20		N	
D5750	Reline Complete Maxillary Denture (indirect)	18-20	1 per 3 years per member	N	
D5751	Reline Complete Mandibular Denture (indirect)	18-20	1 per 3 years per member	N	
D5760	Reline Maxillary Partial Denture (indirect)	18-20	1 per 3 years per member	N	
D5761	Reline Mandibular Partial Denture (indirect)	18-20	1 per 3 years per member	N	
D5876	Add Metal Substructure to Acrylic Full Denture (per arch) Use of metal substruct	18-20		Y	Narrative of Medical Necessity
D5899	Unspecified Removable Prosthodontic Procedure, By Report	18-20		Y	Panoramic x-ray or full mouth series; Narrative of medical necessity
D5913	Nasal Prosthesis	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5915	Orbital Prosthesis	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5916	Ocular Prosthesis	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5931	Obturator Prosthesis, Surgical	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5932	Obturator Prosthesis, Definitive	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5934	Mandibular Resection Prosthesis With Guide Flange	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5935	Mandibular Resection Prosthesis Without Guide Flange	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5955	Palatal Lift Prosthesis, Definitive	18-20		Y	Current radiographs or images demonstrating the condition; Narrative of medical necessity; Surgical history; Associated Diagnosis
D5999	Unspecified Maxillofacial Prosthesis, By Report	18-20		Y	Pre-op x-rays Narrative of medical necessity
D6089	Accessing and Retorquing Loose Implant Screw - per screw	18-20			
D6096	Remove Broken Implant Retaining Screw	18-20		Y	Narrative of Medical Necessity
D6105	Removal of implant body not requiring bone removal or flap elevation	18-20		Y	Narrative of Medical Necessity
D6106	Guided Tissue Regeneration - resorbable barrier, per implant	18-20		Y	Narrative of Medical Necessity
D6107	Guided Tissue Regeneration - non-resorbable barrier, per implant	18-20		Y	Narrative of Medical Necessity
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibular	18-20		Y	Narrative of Medical Necessity
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxillary	18-20		Y	Narrative of Medical Necessity
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	18-20		Y	Narrative of Medical Necessity
D7140	Extraction, Erupted Tooth Or Exposed Root	18-20	1 per 1 lifetime per member	N	
D7210	Extraction, Erupted Tooth	18-20	1 per 1 lifetime per member	N	
D7220	Removal Of Impacted Tooth - Soft Tissue	18-20	1 per 1 lifetime per member	N	
D7220	Removal Of Impacted Tooth - Soft Tissue	18-20	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony	18-20	1 per 1 lifetime per member	N	
D7230	Removal Of Impacted Tooth - Partially Bony	18-20	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony	18-20	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	18-20	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)	18-20	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity
D7260	Oroantral Fistula Closure	18-20	1 per 1 lifetime per member	N	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	18-20		N	
D7280	Exposure of an Unerupted Tooth	18-20	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	18-20	1 per 1 lifetime per member	Y	Current Pre-op x-ray; Narrative of medical necessity
D7284	Excisional Biopsy of Minor Salivary Glands	18-20		Y	Narrative of medical necessity



## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	18-20		N	
D7286	Incisional Biopsy Of Oral Tissue - Soft	18-20		N	
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	18-20		Y	Narrative of Medical Necessity
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	18-20		Y	Narrative of Medical Necessity
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	18-20	1 per 1 lifetime per member	N	
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	18-20	1 per 1 lifetime per member	N	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	18-20	1 per 1 lifetime per member	N	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	18-20		N	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	18-20		N	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	18-20		N	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	18-20		N	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	18-20		N	
D7472	Removal Of Torus Palatinus	18-20		N	
D7473	Removal Of Torus Mandibularis	18-20		N	
D7509	Marsupialization of Odontogenic Cyst	18-20		Y	Narrative of Medical Necessity
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	18-20		N	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	18-20		N	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	18-20		N	
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	18-20		Y	Current panoramic x- ray; Narrative of Medical Necessity
D7899	Unspecified Tmd Therapy, By Report	18-20		Y	Narrative of medical necessity; TMJ radiographs
D7956	Guided Tissue Regeneration, Eedentulous Area - resorbable barrier, per site	18-20		Y	Narrative of Medical Necessity
D7957	Guided Tissue Regeneration, Edentulous Area - non-resorbable barrier, per site	18-20		Y	Narrative of Medical Necessity
D7961	Buccal/ Labial Frenectomy (frenulectomy)	18-20		N	
D7962	Lingual Frenectomy (frenulectomy)	18-20		N	
D7970	Excision Of Hyperplastic Tissue - Per Arch	18-20		N	
D7979	Non-Surgical Sialolithotomy	18-20		Y	Narrative of Medical Necessity
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	18-20	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 projected length of Treatment





## MMP benefit grid (ages 18-20)

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D8210	Removable Appliance Therapy	18-20		Y	Narrative of Medical Necessity
D8220	Fixed Appliance Therapy	18-20		Y	Narrative of Medical Necessity
D8670	Periodic Orthodontic Treatment Visit	18-20	22 per 1 lifetime per member	Y	Approved D8080 case
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	18-20	2 per 1 lifetime per member	Y	Diagnostic quality photos submitted with prior authorization or with claim submission
D8695	Removal Of Fixed Orthodontic Appliances	18-20		Y	Narrative of Medical Necessity
D9130	Temporomandibular Joint Dysfunction - Non-invasive Physical Therapies	18-20		Y	Narrative of Medical Necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	18-20	1 per 1 day per member	N	
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	18-20	4 per 1 day per member	N	
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	18-20		N	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	18-20	1 per 1 day per member	N	
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	18-20	4 per 1 day per member	N	
D9610	Therapeutic Parenteral Drug, Single Administration	18-20	1 per 1 day per member	N	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	18-20	1 per 1 day per member	N	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	18-20		Y	Narrative of Medical Necessity
D9920	Behavior Management, By Report	18-20		Y	Narrative of Medical Necessity
D9944	Occlusal Guard-hard appliance, full arch	18-20		N	
D9945	Occlusal Guard-soft appliance, full arch	18-20		N	
D9946	Occlusal Guard-hard appliance, partial arch	18-20		N	
D9947	Custom sleep apnea appliance fabrication and placement	18-20		Y	Narrative of Medical Necessity
D9948	Adjustment of custom sleep apnea appliance	18-20		Y	Narrative of Medical Necessity
D9949	Repair of custom sleep apnea appliance	18-20		Y	Narrative of Medical Necessity
D9953	Reline custom sleep apnea appliance (indirect)	18-20		Y	Narrative of Medical Necessity
D9954	Fabrication and Delivery of Oral Appliance Therapy (OAT) Morning Repositioning Device	18-20			
D9955	Oral Appliance Therapy (OAT) Titration Visit	18-20			
D9961	Duplicate / Copy Patient's Records	18-20		Y	Narrative of Medical Necessity
D9990	Translation Services	18-20		Y	Narrative of Medical Necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter	18-20		N	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	18-20		Y	Narrative of Medical Necessity
D9997	Dental case management	18-20		Y	Narrative of Medical Necessity
D9999	Unspecified Adjunctive Procedure, By Report	18-20		Y	Description of procedure and narrative of medical necessity

\*See Appendix B.5 for additional information regarding Orthodontic treatment.



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D0120	Periodic Oral Exam	21-999	1 per 365 days 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 years per member/per provider or location	N	
D0180	Comprehensive periodontal evaluation	21-999	1 per 365 days per member	N	
D0210	Intraoral - Comprehensive Series of Radiographic Images	21-999	1 per 5 years 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 months per member	N	
D0272	Bitewings - Two Radiographic Images	21-999	1 per 6 months per member	N	
D0273	Bitewings - Three Radiographic Images	21-999	1 per 6 months per member	N	
D0274	Bitewings - Four Radiographic Images	21-999	1 per 6 months per member	N	
D0321	Other Temporomandibular Joint Radiographic Images, By Report	21-999		N	
D0330	Panoramic Radiographic Image	21-999	1 per 60 months 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 years 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
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image ca	21-999		Y	Narrative of Medical 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
D0396	3D Printing of a 3D Dental Surface Scan	21-999			
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



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
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 days per member	N	
D1301	Immunization Counseling	21-999			
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	21-999	2 per 365 days 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 per patient per tooth	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 - permanent tooth	21-999		N	
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	



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	21-999		N	
D2940	Protective Restoration	21-999	1 per 180 days per tooth; Max 5 per lifetime	N	
D2941	Interim Therapeutic Restoration - Primary Dentition	21-999	1 per 180 days per tooth; Max 5 per lifetime	N	
D2950	Core Buildup, Including Any Pins When Required	21-999		N	
D2951	Pin Retention - Per Tooth, In Addition To Restoration tooth	21-999	Pin retention is reimbursed per tooth, up to a maximum of 3 pins per tooth	N	
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
D2976	Band Stabilization - per tooth	21-999	1 per lifetime		
D2989	Evacuation of a Tooth Resulting in the Determination of Non-restorability	21-999			
D2991	Application of Hydroxyapatite Regeneration Medicament - per tooth	21-999	2 per 1 year		
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	
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 months 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 months per member	Y	Panoramic x-ray or full series; Complete, current 6 point periodontal charting
D4910	Periodontal Maintenance	21-999	1 per 12 months per member	N	
D5110	Complete Denture - Maxillary	21-999	1 per 8 years per member	Y	Panoramic x-ray or full mouth series



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5120	Complete Denture - Mandibular	21-999	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5130	Immediate Denture - Maxillary	21-999	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5140	Immediate Denture - Mandibular	21-999	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5211	Maxillary Partial Denture - Resin Base	21-999	1 per 8 years per member	Y	Panoramic x-ray or full mouth series
D5212	Mandibular Partial Denture - Resin Base	21-999	1 per 8 years 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 years 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 years 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 years 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 years per member	Y	Panoramic x-ray or full mouth series
D5282	Removable Unilateral Partial Denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth) - Maxillary	21-999		Y	Narrative of Medical Necessity
D5283	Removable Unilateral Partial Denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth) - Mandibular	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 years per member	N	
D5751	Reline Complete Mandibular Denture (indirect)	21-999	1 per 3 years per member	N	
D5760	Reline Maxillary Partial Denture (indirect)	21-999	1 per 3 years per member	N	
D5761	Reline Mandibular Partial Denture (indirect)	21-999	1 per 3 years 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



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
D5915	Orbital Prosthesis	21-999		Y	Current radiographs 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 Report	21-999		Y	Pre-op x-rays; Narrative of medical necessity
D6089	Accessing and Retorquing Loose Implant Screw - per screw	21-999			
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 - Mandibular	21-999		Y	Narrative of Medical Necessity
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxillary	21-999		Y	Narrative of Medical Necessity
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	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	
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
D7230	Removal Of Impacted Tooth - Partially Bony	21-999	1 per 1 lifetime per member	N	
D7230	Removal Of Impacted Tooth - Partially Bony	21-999	1 per 1 lifetime per member	Y	Current pre-op panoramic x-ray; Narrative of medical necessity



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
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	
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
D7284	Excisional Biopsy of Minor Salivary Glands	21-999		Y	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	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	
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



## MMP benefit grid

Code	Description	Age limits	Frequency limits	Auth required	Required documentation
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 per member	N	
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	21-999	4 per 1 day 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 per member	N	
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	21-999	4 per 1 day per member	N	
D9610	Therapeutic Parenteral Drug, Single Administration	21-999	1 per 1 day per member	N	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	21-999	1 per 1 day 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	
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)	21-999		Y	Narrative of Medical Necessity
D9954	Fabrication and Delivery of Oral Appliance Therapy (OAT) Morning Repositioning Device	21-999			
D9955	Oral Appliance Therapy (OAT) Titration Visit	21-999			
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





### **B.3 Orthodontic treatment**

Orthodontic treatment is considered to be medically necessary in the presence of a handicapping malocclusion. The HLD Ohio Modification Scoresheet is used to determine the presence of a handicapping malocclusion. Orthodontic treatment is considered to be medically necessary when one of the following criteria have been met:

- An automatically qualifying condition as reported on part A of the the HLD Ohio Modification Scoresheet including:
  - Cleft palate
  - Craniofacial anomaly such as Crouzon Syndrome/Craniofacial Dysostosis, Hemifacial Hypertrophy/ Congenital Hemifacial Hyperplasia; Parry-Romberg Syndrome/Progressive Hemifacial Atrophy; Pierre-Robin Sequence/Complex; or Treacher-Collins Syndrome/Mandibulofacial Dysostosis
  - Deep impinging overbite with soft tissue damage to the palate
  - Anterior crossbite with gingival recession or loose permanent teeth
  - Severe traumatic deviation
  - Overjet 9mm or greater or reverse overjet 3.5mm or greater
- A score of 26 or more on part B of the HLD Ohio Modification Scoresheet, reporting elements of malocclusion related to:
  - Overjet
  - Reverse overjet
  - Open bite
  - Ectopic teeth
  - Anterior crowding of the maxilla
  - Anterior crowding of the mandible
  - Labio-lingual spread
  - Posterior unilateral crossbite
- The presence of other medical conditions that are exacerbated by a handicapping malocclusion as reported on part C of the HLD Ohio Modification Scoresheet, including but not limited to:
  - Temporomandibular dysfunction, chronic pain, malnutrition
  - Respiration or speech pathology
  - Mental, emotional, behavioral, or psychosocial problems
- Qualification under the Early Periodic Screening, Diagnostic, and Treatment benefit, as reported on part D of the HLD Ohio Modification Scoresheet

### **Removal of fixed orthodontics appliances for reasons other than completion of treatment**

Removal of fixed orthodontic appliances for reasons other than completion of treatment is a decision to be made by the treating provider based on an individual patient basis. Reasons include, but are not limited to:

- Patient non-compliance (AAOMS)
- Military deployment (Department of the Army)
- Prior to radiation therapy to the head or neck if the appliances will be in the radiation field (NIH, AAPD)



- Prior to highly stomatotic chemotherapy (NIH, AAPD)
- Complications related to IV bisphosphonates and other medical conditions (AAOMS)

## **Orthodontic continuity of care**

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

- 1.** Online via the provider web portal (Dental Hub) at [UHCdental.com/medicaid](https://UHCdental.com/medicaid)
- 2.** Electronic submission via payer ID GP133
- 3.** By mail to:  
UnitedHealthcare Community Plan of Ohio  
P.O. Box 2126  
Milwaukee, WI 53201

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

- Code D8999 to recognize COC case
- Code D8670 identifying the number of adjustments remaining/requested
- Copy of EOB/remit showing paid banding
- Copy of original approval from prior Medicaid vendor or private insurer
- Payment history from prior insurer(s)

## **Periodic treatment visits**

In transitioning to UnitedHealthcare Dental Benefits Provider, we will be switching from quarterly allowed adjustments to monthly allowed adjustments. Moreover, reimbursement for code D8670 has also been split into a monthly reimbursement fee versus a quarterly reimbursement fee. This will ensure members are receiving adequate orthodontic care.



## B.3.a HLD Ohio Modification Scoresheet (page 1)

### HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) OHIO MODIFICATION SCORE SHEET

UnitedHealthcare Community Plan of Ohio

Patient Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Medicaid provider # \_\_\_\_\_ NPI: \_\_\_\_\_

All necessary dental work completed? Yes \_\_\_ No \_\_\_ Patient oral hygiene: Excellent \_\_\_ Fair \_\_\_ Poor \_\_\_

PROCEDURE (use this score sheet and a Boley Gauge or disposable ruler):

- Indicate by checkmark next to A, B, C or D which criteria you are submitting for review
- Position the patient's teeth in centric occlusion
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- Enter score of "0" if the condition is absent

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

- 1) Cleft palate \_\_\_\_\_
- 2) Craniofacial anomaly (attach description of condition from a credentialed specialist) \_\_\_\_\_
- 3) Deep impinging overbite WITH tissue damage to the palate. (attach image of tissue laceration) \_\_\_\_\_
- 4) Anterior crossbite with gingival recession or loose permanent tooth \_\_\_\_\_
- 5) Severe traumatic deviation (ie: accidents, tumors, etc; attach description) \_\_\_\_\_
- 6) Overjet 9mm or greater or reverse overjet (mandibular protrusion) 3.5mm or greater \_\_\_\_\_

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

- 7) **Overjet** (one upper central incisor to the most labial lower incisor) mm \_\_\_ x1= \_\_\_\_\_
- 8) **Reverse overjet** (mandibular protrusion) mm \_\_\_ x1= \_\_\_\_\_
- 9) **Open bite** (incisal edge of maxillary central to mandibular central incisor) mm \_\_\_ x1= \_\_\_\_\_
- 10) **Ectopic teeth** (excluding third molars) # of teeth \_\_\_ x3= \_\_\_\_\_  
*Note: if anterior crowding and ectopic eruption are present in the anterior portions of the mouth, score only the most severe condition. Do not score both.*
- 11) **Anterior crowding of maxilla** (greater than 3.5mm). if present score \_\_\_ 1 \_\_\_ x5= \_\_\_\_\_
- 12) **Anterior crowding of mandible** (greater than 3.5mm). if present score \_\_\_ 1 \_\_\_ x5= \_\_\_\_\_
- 13) **Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm \_\_\_ x1= \_\_\_\_\_
- 14) **Posterior unilateral crossbite** (must involve two or more adjacent teeth, one of which must be a molar) \_\_\_ 1 \_\_\_ x4= \_\_\_\_\_

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

If the participant does not meet the qualifying criteria in sections A or B, the Plan will consider whether orthodontic benefits should be provided based on other evidence of medical necessity. The treating orthodontist must submit a written, detailed explanation of the medical necessity for orthodontia along with a completed HLD index, the prior authorization request form, and treatment plan.

- a. If medical necessity is based on a medical condition that is exacerbated or complicated by the patient's malocclusion (ie: TMJ dysfunction, chronic pain, malnutrition) additional documentation from a licensed physician, board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.



## B.3.a HLD Ohio Modification Scoresheet (page 2)

- b. If medical necessity is based on respiration or speech problems that are exacerbated or complicated by the patient's malocclusion (ie: postural abnormalities associated with mouth breathing, speech impairment), additional documentation from a licensed physician, respiratory therapist, or speech therapist board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.
- c. If medical necessity is based on the presence of mental, emotional, behavioral, or psychosocial problems that are exacerbated or complicated by the patient's malocclusion (ie: social withdrawal, low self-esteem, socially unacceptable eating behaviors), additional documentation from a licensed psychiatrist, psychologist, or social worker must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.

**D** \_\_\_ EPSDT-SS EXCEPTION (indicate with an "X" for consideration)

If a participant does not meet the automatic qualifying conditions in section A nor scores a 26 or greater in section B, the patient may be eligible for orthodontia under the Early and Periodic Screening, Diagnosis and Treatment exception if medical necessity is documented. Attach medical evidence and appropriate documentation for each of the following areas on a separate piece of paper in addition to completing the HLD score sheet above.

- a) Principle diagnosis and associated diagnoses
- b) Clinical significance or functional impairment caused by the condition
- c) Specific types of services to be rendered by each discipline associated with the total treatment plan
- d) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals
- e) Description of the ways in which the proposed treatment is expected to ameliorate illness or injury
- f) The extent to which health care services have been previously provided to address the condition, and results demonstrated by prior care
- g) Any other documentation which may assist the department in making the required determination.



## B.3.b HLD Scoring Instructions (page 1)

### HLD SCORING INSTRUCTIONS:

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicapped occlusion caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a scaled millimeter ruler. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following documentation is required to be submitted.

- A completed HLD Scoring Index Sheet
- A narrative describing the nature of the severe physically handicapping malocclusion, along with any documentation relevant to determining the nature and extent of the handicap.
- A panoramic and/or mounted full mouth series of intra-oral X-rays.
- A cephalometric X-ray with teeth in centric occlusion and cephalometric analysis/tracing.
- Facial photographs of frontal and profile views.
- Intra-oral photographs depicting right and left occlusal relationships as well as an anterior view.
- Maxillary and mandibular occlusal photographs.
- Photos of articulated models can be submitted optionally (*Do NOT send stone casts*).

The following information is intended to clarify scoring rules for sections A) and B) of the HLD Index:

- 1. Cleft Palate Deformity:** The cleft must be demonstrated with diagnostic casts, digital photographs of orthodontically trimmed study models; or intraoral photograph of the palate demonstrating soft tissue destruction. If the cleft cannot be demonstrated by one of these methods, a consultation report by a qualified specialist or Craniofacial Panel must accompany the submission.
- 2. Cranio-facial Anomaly:** Attach consultation report by a qualified specialist or Craniofacial Panel, in addition to all standard documentation.
- 3. Deep Impinging Overbite:** Mark only if the lower incisors are causing tissue damage to the palate. Do not score if tissue destruction is not present. Attach intraoral photograph showing soft tissue destruction, in addition to all standard documentation.
- 4. Crossbite of Individual Anterior Teeth:** Include supportive diagnostic intra-oral photographs and periodontal chart demonstrating the crossbite and resulting gingival recession/tooth mobility, in addition to all standard documentation.
- 5. Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Do not score deviations that were not caused by trauma/disease. Submit a description of the trauma/disease, and prior treatment for the condition, in addition to all standard documentation.
- 6. Overjet 9mm or greater, or reverse overjet 3.5mm or greater:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower central incisor to the labial surface of the corresponding upper central incisors. Do not use lateral incisors or canines for measurement. This measurement should record the **greatest** distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than or equal to 9mm or reverse overjet) is greater than or equal to 3.5mm, place an "X" in item 6 and score no further. If the overjet is less than the above values, record individual millimeter measurements in item 7 or 8.
- 7. Overjet equal to or less than 9mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 8. Reverse overjet equal to or less than 3.5mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 9. Open Bite:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. Do not use lateral incisors or canines for measurement. Do not record teeth that are still erupting.
- 10. Ectopic Eruption:** Count each tooth, **excluding third molars**. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown is blocked and is not within the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.



## B.3.b HLD Scoring Instructions (page 2)

**11, 12. Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

**13. Labio-Lingual Spread:** A Boley Gauge (or a disposable ruler) 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 anterior tooth and the most lingually displaced adjacent anterior tooth is measured. 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 score sheet.**

**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 completely palatal or completely buccal in relation to the mandibular posterior teeth, with no cusp/fossa contact. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**





**Dental Benefit  
Providers**