

UnitedHealthcare Community Plan of Wisconsin Medicaid Dental Quick Reference Guide

Effective: Jan. 1, 2024



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and to access useful information regarding plan coverage. To register for the Dental Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.



Prior authorization

UnitedHealthcare Dental Authorizations
P.O. Box 363
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
P.O. Box 31364
Salt Lake City, Utah 84131
Toll-free: **1-800-504-9660**



Provider services

Phone: **1-888-249-8833**
8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)
Member eligibility, benefits, claims,
authorizations, network participation and
contract questions



Claims

UnitedHealthcare Dental Claims
P.O. Box 583
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 1698
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare 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



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.

Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D0120	Periodic Oral Exam	0-20	1 per code every 6 Months		No	
D0120	Periodic Oral Exam	21-999	1 per code every 12 Months		No	
D0140	Limited Oral Evaluation - Problem Focused	0-999	1 per code every 6 Months		No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 per code every 3 Years		No	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0-999	1 per code every 3 Years		No	
D0170	Re-Evaluation - Limited, Problem Focused	0-999	1 per code every 1 Year		No	
D0191	Assessment Of A Patient	0-999	1 per code every 6 Months		No	
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 per code every 3 Years		No	
D0220	Intraoral - Periapical First Radiographic Image	0-999	1 per code every Day		No	
D0230	Intraoral - Periapical Each Additional Image	0-999	3 per code every Day		No	
D0240	Intraoral - Occlusal Radiographic Image	0-999	2 per code every Day		No	
D0250	Extraoral - 2D Projection Radiographic image	0-999	1 per code every Day		No	
D0251	Extra-Oral Posterior Dental Radiographic Image	0-999	1 per code every 6 Months		No	
D0270	Bitewing - Single Radiographic Image	0-999	2 per code every 6 Months		No	
D0272	Bitewings - Two Radiographic Images	0-999	1 per code every 6 Months		No	
D0273	Bitewings - Three Radiographic Images	0-999	1 per code every 6 Months		No	
D0274	Bitewings - Four Radiographic Images	0-999	1 per code every 6 Months		No	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	21-999	1 per code every 12 Months		No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D0330	Panoramic Radiographic Image	0-999	1 per code every Day		No	
D0340	2D Cephalometric Radiographic Image	0-20			No	
D0350	Oral/Facial Photographic Images	0-20			No	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	0-999	1 per code every 3 Years		No	
D0373	Intraoral tomosynthesis - bitewing radiographic image	0-999	1 per code every 3 Years		No	
D0374	Intraoral tomosynthesis - periapical radiographic image	0-999	1 per code every 3 Years		No	
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	0-999	1 per code every Day		No	
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	0-999	1 per code every Day		No	
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	0-999	1 per code every Day		No	
D0391	Interpretation Of Diagnostic Image	0-999			No	
D0470	Diagnostic Casts	0-999			No	
D0486	Accession Of Transepithelial Cytologic Sample, Microscopic Examination	0-999			No	
D0701	Panoramic Radiographic Image - Image Capture Only	0-999	1 per code every Lifetime		No	
D0702	2-D Cephalometric Radiographic Image - Image Capture Only	0-999			No	
D0703	2-D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally - Image Capture Only	0-999			No	
D0705	Extra-Oral Posterior Dental Radiographic Image - Image Capture Only	0-999			No	
D0706	Intraoral - Occlusal Radiographic Image - Image Capture Only	0-999	2 per code every Day		No	
D0707	Intraoral - Periapical Radiographic Image - Image Capture Only	0-999	4 per code every Day		No	
D0708	Intraoral - Bitewing Radiographic Image - Image Capture Only	0-999	1 per code every 6 Months		No	
D0709	Intraoral - Comprehensive Series of Radiographic Images - Image Capture Only	0-999	1 per code every 3 Years		No	
D0999	Unspecified Diagnostic Procedures, By Report	13-20	2 per code every Year		Yes	Description of procedure and narrative of medical necessity
D1110	Prophylaxis - Adult	13-20	1 per code every 6 Months		No	
D1110	Prophylaxis - Adult	21-999	1 per code every 12 Months		No	
D1110	Prophylaxis - Adult	0-999	4 per code every Year	F84.9 Special Needs Member Frequency	No	
D1120	Prophylaxis - Child	0-12	1 per code every 6 Months		No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D1120	Prophylaxis - Child		4 per code every Year	F84.9 Special Needs Member Frequency	No	
D1206	Topical Application Of Fluoride Varnish	0-20	2 per code every 12 Months		No	
D1206	Topical Application Of Fluoride Varnish	21-999	1 per code every 12 Months		No	
D1206	Topical Application Of Fluoride Varnish	0-999	4 per code every Year	F84.9 Special Needs Member Frequency	No	
D1208	Topical Application of Fluoride - excluding varnish	0-20	2 per code every 12 Months		No	
D1208	Topical Application of Fluoride - excluding varnish	21-999	1 per code every 12 Months		No	
D1208	Topical Application of Fluoride - excluding varnish	0-999	4 per code every Year	F84.9 Special Needs Member Frequency	No	
D1351	Sealant - Per Tooth	0-20	1 per code per tooth every 3 Years	Tooth: 02-03, 04-05, 12-13, 14-15, 18-19, 20-21, 28-29, 30-31, A-B, I-L, S-T	No	
D1351	Sealant - Per Tooth	21-999	1 per code per tooth every 3 Years	Tooth: 2, 3, 14, 15, 18, 19, 30, and 31	Yes	Description of procedure and narrative of medical necessity
D1354	Interim Caries Arresting Medicament Application - per tooth	0-999	1 per code per tooth every 6 Months	Tooth: 01-32, A-T	No	
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0-20	1 per code per quadrant every Year	Quadrant: LL, LR, UL, UR	No	
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0-20	1 per code per tooth every Year	Tooth: 02-15, 18-31, A-T	No	
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0-20	1 per code per tooth every Year	Tooth: 02-15, 18-31, A-T	No	
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	0-20	2 per code every Day		No	
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	0-20	2 per code every Day		No	
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0-20	2 per code per quadrant every Day	Quadrant: LL, LR, UL, UR	No	
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0-999		Quadrant: LL, LR, UL, UR	No	
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary	0-999			No	
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular	0-999			No	
D1575	Distal Shoe Space Maintainer - Fixed - Per Quadrant	0-20	1 per code per quadrant every Year	Quadrant: LL, LR, UL, UR	No	
D1999	Unspecified Preventive Procedure, by report	0-999			No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D2140	Amalgam - One Surface, Primary Or Permanent	0-999	1 per code per tooth every 3 Years	Tooth: 01-32, A-T	No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 3 Years	Tooth: 01-32, A-T	No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 3 Years	Tooth: 01-32, A-T	No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999	1 per code per tooth every 3 Years	Tooth: 01-32, A-T	No	
D2330	Resin-Based Composite - One Surface, Anterior	0-999	1 per code per tooth every 3 Years	Tooth: 06-11, 22-27, C-H, M-R	No	
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999	1 per code per tooth every 3 Years	Tooth: 06-11, 22-27, C-H, M-R	No	
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999	1 per code per tooth every 3 Years	Tooth: 06-11, 22-27, C-H, M-R	No	
D2335	resin-based composite - four or more surfaces (anterior)	0-999	1 per code per tooth every 3 Years	Tooth: 06-11, 22-27, C-H, M-R	No	
D2390	Resin-Based Composite Crown, Anterior	0-999	1 per code per tooth every 5 Years	Tooth: 06-11, 22-27, C-H, M-R	No	
D2391	Resin-Based Composite - One Surface, Posterior	0-999	1 per code per tooth every 3 Years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999	1 per code per tooth every 3 Years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999	1 per code per tooth every 3 Years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999	1 per code per tooth every 3 Years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	
D2791	Crown - Full Cast Predominantly Base Metal	0-999	1 per code per tooth every 5 Years	Tooth: 01-32	No	
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0-999		Tooth: 01-32	No	
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	0-999		Tooth: 01-32	No	
D2920	Re-Cement or Re-Bond Crown	0-999		Tooth: 01-32	No	
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	0-999			No	
D2928	Prefabricated Porcelain / Ceramic Crown - Permanent Tooth	0-999	1 per code per tooth every 5 Years	Tooth: 01-32	No	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-999	1 per code per tooth every Year	Tooth: A-T	No	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999	1 per code per tooth every Year	Tooth: A-T	No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0-999	1 per code per tooth every 5 Years	Tooth: 01-32	No	
D2932	Prefabricated Resin Crown	0-999	1 per code per tooth every 5 Years	Tooth: 06-11, 22-27, D-G	No	
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-999	1 per code per tooth every 5 Years	Tooth: D-G	No	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-20	1 per code per tooth every Year	Tooth: D-G	No	
D2940	Protective Restoration	0-999		Tooth: 01-32, A-T	No	
D2941	Interim Therapeutic Restoration - Primary Dentition	0-999			No	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999	1 per code per tooth every 3 Years	Tooth: 01-32	No	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-999	1 per code per tooth every Lifetime	Tooth: 02-15, 18-31	No	
D2954	Prefabricated Post And Core In Addition To Crown	0-999	1 per code per tooth every Lifetime	Tooth: 02-15, 18-31	No	
D2971	Additional procedures to customize a crown to fit under an existing partial dent	0-999		Tooth: 02-15, 18-31	No	
D2999	Unspecified Restorative Procedure, By Report	0-20			Yes	Description of procedure and narrative of medical necessity
D3220	Therapeutic Pulpotomy	0-999	1 per code per tooth every Lifetime	Tooth: A-T	No	
D3221	Pulpal Debridement - Primary And Permanent Teeth	0-999		Tooth: 02-15, 18-31	No	
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0-12		Tooth: 01-32	No	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999	1 per code per tooth every Lifetime	Tooth: 06-11, 22-27	No	Pre-op x-rays (excluding bitewings), 4 or more teeth
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-999	1 per code per tooth every Lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	Pre-op x-rays (excluding bitewings), 4 or more teeth
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-999	1 per code per tooth every Lifetime	Tooth: 02-03, 14-15, 18-19, 30-31	Yes 21 -999	Pre-op x-rays (excluding bitewings), 4 or more teeth
D3351	Apexification / Recalcification - Initial Visit	0-20		Tooth: 02-15, 18-31	No	
D3352	Apexification / Recalcification - Interim	0-20	2 per code per tooth every Lifetime	Tooth: 02-15, 18-31	No	
D3353	Apexification / Recalcification - Final Visit	0-20	1 per code per tooth every Lifetime	Tooth: 02-15, 18-31	No	
D3410	Apicoectomy - Anterior	0-999		Tooth: 06-11, 22-27	No	
D3430	Retrograde Filling - Per Root	0-999		Tooth: 06-11, 22-27	No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4322	Splint - Intra-Coronal; Natural Teeth or Prosthetic Crowns	0-999			No	
D4323	Splint - Extra-Coronal; Natural Teeth or Prosthetic Crowns	0-999			No	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	13-999	1 per code per quadrant every 3 Years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	13-999	1 per code per quadrant every 3 Years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays
D4346	Scaling in moderate or severe gingival inflammation	0-999			No	
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	13-999	1 per code every 3 Years		Yes	Pre-op x-rays or photos
D4910	Periodontal Maintenance	13-999	1 per code every Year		Yes	Date of previous perio surgical or S&C service with claim
D4999	Unspecified Periodontal Procedure, By Report	0-20			Yes	Description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5120	Complete Denture - Mandibular	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5211	Maxillary Partial Denture - Resin Base	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5212	Mandibular Partial Denture - Resin Base	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5225	Maxillary Partial Denture - Flexible Base	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5226	Mandibular Partial Denture - Flexible Base	0-999	2 per code every 5 Years		Yes	FMX or Panorex, or Administrator/member statement on loss/theft
D5227	Immediate Maxillary Partial Denture - Flexible Base	0-999			No	
D5228	Immediate Mandibular Partial Denture - Flexible Base	0-999			No	
D5511	Repair Broken Complete Denture Base - Mandibular	0-999			No	
D5512	Repair Broken Complete Denture Base - Maxillary	0-999			No	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0-999		Tooth: 01-32	No	
D5611	Repair Resin Partial Denture Base - Mandibular	0-999			No	
D5612	Repair Resin Partial Denture Base - Maxillary	0-999			No	
D5621	Repair Cast Partial Framework - Mandibular	0-999			No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D5622	Repair Cast Partial Framework - Maxillary	0-999			No	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	0-999		Tooth: 01-32, A-T	No	
D5640	Replace Broken Teeth - Per Tooth	0-999		Tooth: 01-32	No	
D5650	Add Tooth To Existing Partial Denture	0-999		Tooth: 01-32	No	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0-999		Tooth: 01-32	No	
D5670	Replace 0-999 Teeth And Acrylic On Cast Metal Framework (Maxillary)	0-999			Yes	Date of service with claim
D5671	Replace 0-999 Teeth And Acrylic On Cast Metal Framework (Mandibular)	0-999			Yes	Date of service with claim
D5750	Reline Complete Maxillary Denture (Indirect)	0-999	1 per code every 3 Years		No	
D5751	Reline Complete Mandibular Denture (Indirect)	0-999	1 per code every 3 Years		No	
D5760	Reline Maxillary Partial Denture (Indirect)	0-999	1 per code every 3 Years		No	
D5761	Reline Mandibular Partial Denture (Indirect)	0-999	1 per code every 3 Years		No	
D5922	Nasal Septal Prosthesis	0-999			No	
D5923	Interim Ocular Prosthesis	0-999			No	
D5925	Facial Augmentation Implant Prosthesis	0-999			No	
D5932	Obturator Prosthesis, Definitive	0-999	1 per code every 6 Months		No	
D5955	Palatal Lift Prosthesis, Definitive	0-999	1 per code every 6 Months		No	
D5991	Vesiculobullous Disease Medicament Carrier	0-999			No	
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999			Yes	Description of procedure and narrative of medical necessity
D6211	Pontic - Cast Predominantly Base Metal	0-999		Tooth: 01-32	Yes	Description of procedure and narrative of medical necessity
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0-999		Tooth: 01-32	Yes	Description of procedure and narrative of medical necessity
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	0-999		Tooth: 01-32	Yes	Description of procedure and narrative of medical necessity
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0-999		Tooth: 01-32	Yes	Description of procedure and narrative of medical necessity
D6791	Retainer Crown - Full Cast Predominantly Base Metal	0-999		Tooth: 01-32	Yes	Description of procedure and narrative of medical necessity
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0-999		Tooth: 01-32	No	
D6940	Stress Breaker	0-999		Tooth: 01-32	Yes	Document describing type of device and narrative of medical necessity
D6980	Fixed Partial Denture Repair	0-999		Tooth: 01-32	Yes	Narrative of medical necessity with claim
D6985	Pediatric Partial Denture, Fixed	0-12		Arch: LA, UA	No	
D7111	Extraction, Coronal Remnants - Primary Tooth	0-999	1 per code per tooth every Lifetime	Tooth: AS-TS, A-T	No	
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D7210	Extraction, Erupted Tooth	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7230	Removal Of Impacted Tooth - Parti0-999y Bony	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999	1 per code per tooth every Lifetime	Tooth: 01-32, 51-82, A-TS	No	
D7260	Oroantral Fistula Closure	0-999			No	
D7261	Primary Closure Of Sinus Perforation	0-999			No	
D7270	Reimplantation And/Or Stabilization Of Accident0-999y Evulsed / Displaced Tooth	0-999		Tooth: 01-32	No	
D7280	Exposure of an Unerupted Tooth	0-20		Tooth: 02-15, 18-31	No	
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	0-20		Tooth: 02-15, 18-31	No	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-20		Tooth: 02-15, 18-31	No	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999	1 per code every Day		No	
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999	1 per code every Day		No	
D7287	Exfoliative Cytological Sample Collection	0-999	1 per code every Day		No	
D7288	Brush Biopsy - Transepithelial Sample Collection	0-999	1 per code every Day		No	
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-operative x-rays (excluding bitewings) with claim
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-operative x-rays (excluding bitewings) with claim
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-operative x-rays (excluding bitewings) with claim
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth	0-999		Quadrant: LL, LR, UL, UR	Yes	Pre-operative x-rays (excluding bitewings) with claim
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0-999	1 per code every Day		No	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0-999	1 per code every Day		No	
D7412	Excision Of Benign Lesion, Complicated	0-999	1 per code every Day		No	
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	0-999	1 per code every Day		No	
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	0-999	1 per code every Day		No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D7415	Excision Of Malignant Lesion, Complicated	0-999	1 per code every Day		Yes	Copy of pathology report with claim
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0-999	1 per code every Day		Yes	Copy of pathology report with claim
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	0-999	1 per code every Day		Yes	Copy of pathology report with claim
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999	1 per code every Day		No	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999	1 per code every Day		No	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999	1 per code every Day		No	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999	1 per code every Day		No	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999		Arch: LA, UA	Yes	Narrative of medical necessity, xrays or photos optional
D7472	Removal Of Torus Palatinus	0-999			Yes	Narrative of medical necessity, xrays or photos optional
D7473	Removal Of Torus Mandibularis	0-999			Yes	Narrative of medical necessity, xrays or photos optional
D7485	Reduction Of Osseous Tuberosity	0-999			Yes	Narrative of medical necessity, xrays or photos optional
D7490	Radical Resection Of Maxilla Or Mandible	0-999			Yes	Narrative of medical necessity, xrays or photos optional
D7509	Marsupialization of odontogenic cyst	0-999			No	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999			No	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	0-999			No	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999			No	
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	0-999			No	
D7530	Removal Of Foreign Body From Mucosa	0-999			No	
D7540	Removal Of Reaction Producing Foreign Bodies	0-999			No	
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	0-999		Quadrant: LL, LR, UL, UR	Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7650	Malar And/Or Zygomatic Arch - Open Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7710	Maxilla - Open Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7720	Maxilla - Closed Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7730	Mandible - Open Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7740	Mandible - Closed Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7810	Open Reduction Of Dislocation	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7820	Closed Reduction Of Dislocation	0-999	1 per code every Day		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7830	Manipulation Under Anesthesia	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7840	Condylectomy	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7850	Surgical Discectomy, With/Without Implant	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7860	Arthrotomy	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7871	Non-Arthroscopic Lysis And Lavage	0-999	1 per code every 3 Years		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7899	Unspecified Tmd Therapy, By Report	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7910	Suture Of Recent Sm0-999 Wounds Up To 5 Cm	0-999	1 per code every Day		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7911	Complicated Suture - Up To 5 Cm	0-999	1 per code every Day		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7912	Complicated Suture - Greater Than 5 Cm	0-999	1 per code every Day		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7940	Osteoplasty - For Orthognathic Deformities	0-20			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	0-999			No	



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D7961	Buccal / Labial Frenectomy (frenulectomy)	0-999	1 per code per arch every Lifetime	Arch: LA, UA	Yes	Members must meet one of the following criteria: 1) The member's frenum creates a central incisor diastema. 2) The member's frenum creates ankyloglossia. 3) The member's frenum creates periodontal defects. 4) The member's frenum requires removal to complete orthodontic services. 5) The member's frenum interferes with denture stabilization, due to its high attachment on the ridge.
D7962	Lingual Frenectomy (frenulectomy)	0-999	1 per code every Lifetime		Yes	Members must meet one of the following criteria: 1) The member's frenum creates a central incisor diastema. 2) The member's frenum creates ankyloglossia. 3) The member's frenum creates periodontal defects. 4) The member's frenum requires removal to complete orthodontic services. 5) The member's frenum interferes with denture stabilization, due to its high attachment on the ridge
D7970	Excision Of Hyperplastic Tissue - Per Arch	0-999		Arch: LA, UA	Yes	Pre-op x-rays, narrative of medical necessity, photos optional
D7972	Surgical Reduction Of Fibrous Tuberosity	0-999			Yes	Pre-op x-rays,narr of medical nec with claim,photos optional
D7979	Non-Surgical Sialolithotomy	0-999			Yes	Narrative of medical necessity, xrays or photos optiona
D7980	Surgical Sialolithotomy	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7991	Coronoidectomy	0-999			Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)	0-999			No	
D7999	Unspecified Oral Surgery Procedure, By Report	0-999			Yes	Description of procedure and narrative of medical necessity
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0-20			Yes	Panorex or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0-20			Yes	Panorex or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0-20			Yes	Panorex or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0-20			Yes	Panorex or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20			Yes	Pan or FMX, ceph x-ray,diagnostic quality photos,salzmann score sheet
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20			Yes	Pan or FMX, ceph x-ray,diagnostic quality photos,salzmann score sheet
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-20			Yes	Pan or FMX, ceph x-ray,diagnostic quality photos,salzmann score sheet
D8210	Removable Appliance Therapy	0-20			Yes	Panorex and/or cephalometirc, narrative of medical necessity
D8220	Fixed Appliance Therapy	0-20			Yes	Panorex and/or cephalometirc, narrative of medical necessity



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0-20			No	
D8670	Periodic Orthodontic Treatment Visit	0-23	24 per code every Lifetime		No for initial 24 units requested Yes for 25th unit or more	Yes for 25th unit or more, narrative of medical necessity and diagnostic quality photos
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0-23			Yes	Diagnostic quality photos
D8695	Removal Of Fixed Orthodontic Appliances	0-20	1 per code every Lifetime		No	
D8698	Re-cement Or Re-bond Fixed Retainer - Maxillary	0-999			No	
D8699	Re-cement Or Re-bond Fixed Retainer - Mandibular	0-999			No	
D8703	Replacement Of Lost Or Broken Rertainer - Maxillary	0-20			No	
D8704	Replacement Of Lost Or Broken Rertainer - Mandibular	0-20			No	
D9110	P0-999iative (Emergency) Treatment Of Dental Pain - Per Visit	0-999			No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 per code every Day		Yes	Narrative of medical necessity with claim
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999	2 per code every Day		Yes	Narrative of medical necessity with claim
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0-999	1 per code every Day		No	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0-999			Yes	Narrative of medical necessity with claim
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0-999			Yes	Narrative of medical necessity with claim
D9248	Non-Intravenous Conscious Sedation	0-999			Yes	Narrative of medical necessity with claim
D9410	House/Extended Care Facility C0-999	0-999	1 per code every 333 Days		No	
D9420	Hospital Or Ambulatory Surgical Center C0-999	0-999			No	
D9610	Therapeutic Parenteral Drug, Single Administration	0-999			No	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	0-999			No	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	0-999		Quadrant: LL, LR, UL, UR	No	
D9910	Application Of Desensitizing Medicament	0-999			No	
D9944	Occlusal Guard-hard appliance, full arch	0-999			Yes	Narrative of medical necessity
D9945	Occlusal Guard-soft appliance, full arch	0-999			Yes	Narrative of medical necessity
D9946	Occlusal Guard-hard appliance, partial arch	0-999			Yes	Narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter	0-999			No	
D9999	Unspecified Adjunctive Procedure, By Report	0-999			Yes	Description of procedure and narrative of medical necessity



Code	Description	Age	Limit	Other limits	Auth required?	Required documents
T1013	Sign language or oral interpretive services	0-999			No	
T1015	FQHC Encounter Payment-ADA	0-999			No	

Comprehensive orthodontic treatment

Pre authorization requirements

- Orthodontic records of the examination, consultation, and diagnostic casts (Casts must be securely packed, must be clearly labeled to identify the provider and the member, and must include a bite registration.)
- A completed <https://www.forwardhealth.wi.gov/kw/html/PADRF.html> and <https://www.forwardhealth.wi.gov/kw/html/PADA2.html>
- A specific orthodontic treatment plan that addresses appliance(s) to be used during the course of treatment

Orthodontic retention

Documentation of diagnostic quality photos to show completed comprehensive orthodontic treatment.

Orthodontic continuation of care

If the member needs to continue treatment with a new provider after banding has been started. The new provider does not need to send a new pre authorization, as long as the member has one on file with UHC. The new provider can continue treatment and bill (D8670) until the retention (D8680) appointment. The retention code (D8680) does require a pre authorization before it can be billed.



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