

UnitedHealthcare Senior Care Options Dental Quick Reference Guide

Effective: January 2024



UHCdental.com/medicaid

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

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



Provider services

Phone: **1-855-812-9210**

8 a.m. – 6 p.m. ET Monday – Friday (IVR: 24/7)

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



Prior authorization

UnitedHealthcare Dental Authorizations
P.O. Box 700
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Dental
Attn: Appeals Department
P.O. Box 196
Milwaukee, WI 53201

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



Claims

UnitedHealthcare Dental Claims

UnitedHealthcare Dental Claims
PO Box 637
Milwaukee, WI 53201

EDI Payer ID

GP133

Corrected claims

UnitedHealthcare Dental Corrected Claims
PO Box 481
Milwaukee, WI 53201

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



Important notes

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



**Dental Benefit
Providers®**

Sample member ID card


 United Healthcare
Community Plan
Health Plan (80840) 911-87726-04
 Member ID: 001201143 Group Number: MAUHSCO
 Member:
NEW ENGLISH Payer ID: 87726

 PCP Name:
DOUGLAS GETWELL
PCP Phone: (602)239-4567
 Rx Bin: 610097
Rx Grp: MPDMACSP
Rx PCN: 9999
 Senior Care Options (HMO D-SNP)
Senior Care Options NHC (HMO D-SNP)

In an emergency go to nearest emergency room or call 911. Printed: 10/13/20
 Customer service is available 7 days a week, 8AM-8PM local time. HSAL is available 7 days a week, 24 hours. Call HSAL for authorization or to reach a Care Manager. Show this card when receiving care. Check the Evidence of Coverage for benefits.
 Customer Service/Health Services
Access Line(HSAL): 1-888-867-5511 TTY 711
 For Providers: UHCprovider.com 1-888-867-5511
 Medical Claims: PO Box 31350, Salt Lake City, UT 84131-0350
 Medicare Community Plan **CP**
 Pharmacy Claims: OptumRX, PO Box 650287, Dallas, TX 75265-0287
 For Pharmacists: 1-877-889-6510 TTY 711

Benefit coverage, limitations, and requirements

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements.

Prior authorization: All procedures that contain a “YES” in the “AUTH” section below will require prior authorization. To request a prior authorization, complete a standard ADA claim form, check the box marked “Pre-Treatment Estimate” and submit the required documentation. This may be sent via the provider portal, submitted electronically via your clearinghouse, or mailed to the above Prior Authorizations address. The documents required to complete the authorization review are listed in the Clinical Documentation section below. Prior Authorization is not a guarantee of payment.

Limitations: Procedures are limited to the frequency limits listed in the Limitations section below.

- “**Plan Year**” refers to a single calendar year (i.e. 01/01/2021-12/31/2021)
- A “**Floating Year**” is based on the date of service. For instance, if a procedure is allowed once every two Floating Years and the treatment is provided on 06/01/2020, the patient will not be eligible for this procedure again until 06/01/2022.
- **Codeset Limits:** Any procedures that include a Codeset Limitation have limitations that are connected to other procedures. For instance, Bitewings are limited to one set per six months. This Codeset includes four procedures: D0270, D0272, D0273, D0274.
- Please note that implant supported bridges are not a covered benefit under this plan. Single unit implant supported crowns and implant supported dentures are a covered benefit. Please refer to benefit grid.

MASCO covered services

Code	Description	Limitations	Auth	Clinical documentation
D0120	Periodic Oral Evaluation - Established Patient	2 PER 1 ACCUM YEAR	No	
D0140	Limited Oral Evaluation - Problem Focused		No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 PER 1 LIFETIME	No	
D0170	Re-Evaluation - Limited, Problem Focused		No	
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	1 PER 1 ACCUM YEAR	No	
D0190	Screening Of A Patient	2 PER 1 ACCUM YEAR	No	
D0191	Assessment Of A Patient	1 PER 1 ACCUM YEAR	No	
D0210	Intraoral - Complete Series of Radiographic Images	1 PER 1 ACCUM YEAR	No	
D0220	Intraoral - Periapical First Radiographic Image		No	
D0230	Intraoral - Periapical Each Additional Image		No	
D0240	Intraoral - Occlusal Radiographic Image	2 PER 1 ACCUM YEAR	No	
D0250	Extraoral - 2D Projection Radiographic image	1 PER 1 ACCUM YEAR	No	



Code	Description	Limitations	Auth	Clinical documentation
D0251	Extra-Oral Posterior Dental Radiographic Image		No	
D0270	Bitewing - Single Radiographic Image	2 PER 1 ACCUM YEAR	No	
D0272	Bitewings - Two Radiographic Images	2 PER 1 ACCUM YEAR	No	
D0273	Bitewings - Three Radiographic Images	2 PER 1 ACCUM YEAR	No	
D0274	Bitewings - Four Radiographic Images	2 PER 1 ACCUM YEAR	No	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	1 PER 1 ACCUM YEAR	No	
D0310	Sialography	1 PER 1 ACCUM YEAR	No	
D0320	Temporomandibular Joint Arthrogram, Including Injection		No	
D0321	Other Temporomandibular Joint Radiographic Images, By Report		No	
D0330	Panoramic Radiographic Image	1 PER 3 FLOATING YEARS	No	
D0340	2D Cephalometric Radiographic Image		No	
D0350	Oral/Facial Photographic Images	1 PER 1 ACCUM YEAR	Yes	Narrative of medical necessity with claim
D0460	Pulp Vitality Tests		No	
D0470	Diagnostic Casts		No	
D0472	Accession Of Tissue, Gross Examination		No	
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination		No	
D1110	Prophylaxis - Adult	2 PER 1 ACCUM YEAR	No	
D1206	Topical Application Of Fluoride Varnish	2 PER 1 ACCUM YEAR	No	
D1208	Topical Application of Fluoride	2 PER 1 ACCUM YEAR	No	
D1330	Oral Hygiene Instructions		No	
D1354	Interim Caries Arresting Medicament Application - per tooth	2 PER 1 LIFETIME	No	
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose	1 PER LIFETIME PER MEMBER	No	
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	1 PER LIFETIME PER MEMBER	No	
D1703	Moderna COVID-19 vaccine administration – first dose	1 PER LIFETIME PER MEMBER	No	
D1704	Moderna COVID-19 vaccine administration – second dose	1 PER LIFETIME PER MEMBER	No	
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration	1 PER LIFETIME PER MEMBER	No	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 V	1 PER LIFETIME PER MEMBER	No	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19	1 PER LIFETIME PER MEMBER	No	
D1710	Moderna Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 VAC mRNA	1 PER LIFETIME PER MEMBER	No	
D1711	Moderna Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC mRN	1 PER LIFETIME PER MEMBER	No	
D1712	Janssen Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19 VAC Ad2	1 PER LIFETIME PER MEMBER	No	
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	1 PER LIFETIME PER MEMBER	No	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	1 PER LIFETIME PER MEMBER	No	
D2140	Amalgam - One Surface, Primary Or Permanent	1 PER 1 ACCUM YEAR	No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	1 PER 1 ACCUM YEAR	No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	1 PER 1 ACCUM YEAR	No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	1 PER 1 ACCUM YEAR	No	
D2330	Resin-Based Composite - One Surface, Anterior	1 PER 1 ACCUM YEAR	No	
D2331	Resin-Based Composite - Two Surfaces, Anterior	1 PER 1 ACCUM YEAR	No	
D2332	Resin-Based Composite - Three Surfaces, Anterior		No	
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle		No	



Code	Description	Limitations	Auth	Clinical documentation
D2390	Resin-Based Composite Crown, Anterior		No	
D2391	Resin-Based Composite - One Surface, Posterior		No	
D2392	Resin-Based Composite - Two Surfaces, Posterior		No	
D2393	Resin-Based Composite - Three Surfaces, Posterior		No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior		No	
D2510	Inlay - Metallic - One Surface		No	
D2520	Inlay - Metallic - Two Surfaces		No	
D2530	Inlay - Metallic - Three Surfaces		No	
D2542	Onlay - Metallic - Two Surfaces		No	
D2543	Onlay - Metallic - Three Surfaces		No	
D2544	Onlay - Metallic - Four Or More Surfaces		Yes	PA x-ray of tooth, Narrative of necessity if decay not evident on x-ray
D2610	Inlay - Porcelain/Ceramic - One Surface		No	
D2620	Inlay - Porcelain/Ceramic - Two Surfaces		No	
D2630	Inlay - Porcelain/Ceramic - Three Surfaces		Yes	PA x-ray of tooth, Narrative of necessity if decay not evident on x-ray
D2642	Onlay - Porcelain/Ceramic - Two Surfaces		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2643	Onlay - Porcelain/Ceramic - Three Surfaces		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2662	Onlay - Resin-Based Composite - Two Surfaces		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2710	Crown - Resin-Based Composite (Indirect)	1 PER 60 MONTHS	No	
D2721	Crown - Resin With Predominantly Base Metal	1 PER 60 MONTHS	Yes	PA x-ray of tooth, For tooth with RCT a PA of the final RCT is required
D2740	Crown - Porcelain/Ceramic	1 PER 60 MONTHS	No	
D2750	Crown - Porcelain Fused To High Noble Metal	1 PER 60 MONTHS	No	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 PER 60 MONTHS	No	
D2783	Crown - 3/4 Porcelain/Ceramic	1 PER 60 MONTHS	Yes	PA x-ray of tooth, For tooth with RCT a PA of the final RCT is required
D2791	Crown - Full Cast Predominantly Base Metal	1 PER 60 MONTHS	Yes	PA x-ray of tooth, For tooth with RCT a PA of the final RCT is required
D2799	Provisional Crown	1 PER 60 MONTHS	Yes	Pre-treatment Periapical x-ray & Narrative
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration		No	
D2920	Re-Cement or Re-Bond Crown		No	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		No	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth		No	
D2932	Prefabricated Resin Crown		No	
D2933	Prefabricated Stainless Steel Crown With Resin Window		No	
D2940	Protective Restoration		No	
D2950	Core Buildup, Including Any Pins When Required	1 PER 60 MONTHS	Yes	Pre-op x-rays of tooth
D2951	Pin Retention - Per Tooth, In Addition To Restoration		yes	Current x-rays and Narrative of necessity
D2952	Post And Core In Addition To Crown, Indirectly Fabricated		Yes	Current x-rays Post RCT PA
D2953	Each Additional Indirectly Fabricated Post - Same Tooth		Yes	Narrative of necessity
D2954	Prefabricated Post And Core In Addition To Crown	1 PER 60 MONTHS	yes	Current x-rays and Post RCT PA
D2955	Post Removal		No	Current x-rays Narrative of necessity



Code	Description	Limitations	Auth	Clinical documentation
D2960	Labial Veneer (Resin Laminate) - Chairside		No	Current x-rays Narrative of necessity
D2961	Labial Veneer (Resin Laminate) - Laboratory		No	Current x-rays Narrative of necessity
D2962	Labial Veneer (Porcelain Laminate) - Laboratory		Yes	Current x-rays Narrative of necessity
D2980	Crown Repair		yes	Narrative of necessity
D2999	Unspecified Restorative Procedure, By Report		yes	Current dated radiographs of tooth/area of problem and description of procedure and narrative of medical necessity
D3110	Pulp Cap - Direct (Excluding Final Restoration)		No	Panoramic x-ray Narrative of necessity
D3120	Pulp Cap - Indirect (Excluding Final Restoration)		No	Narrative of necessity Pathology report
D3220	Therapeutic Pulpotomy		No	Narrative of necessity Pathology report
D3221	Pulpal Debridement - Primary And Permanent Teeth		No	Panoramic x-ray Narrative of necessity
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth		No	Panoramic x-ray Narrative of necessity
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)		No	
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)		No	
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)		No	
D3332	Incomplete Endodontic Therapy		No	Narrative of necessity
D3333	Internal Root Repair Of Perforation Defects		No	Narrative of necessity
D3346	Retreatment Of Previous Root Canal Therapy - Anterior		No	
D3347	Retreatment Of Previous Root Canal Therapy - Premolar		No	
D3348	Retreatment Of Previous Root Canal Therapy - Molar		No	
D3351	Apexification / Recalcification - Initial Visit		No	
D3352	Apexification / Recalcification - Interim		No	
D3353	Apexification / Recalcification - Final Visit		No	
D3354	Pulpal Regeneration		No	
D3410	Apicoectomy - Anterior		yes	Current x-rays and Narrative of necessity
D3421	Apicoectomy - Premolar (First Root)		yes	Current x-rays and Narrative of necessity
D3425	Apicoectomy - Molar (First Root)		yes	Current x-rays and Narrative of necessity
D3426	Apicoectomy - Each Additional Root)		yes	Current x-rays and Narrative of necessity
D3430	Retrograde Filling - Per Root		No	
D3450	Root Amputation - Per Root		No	
D3460	Endodontic Endosseous Implant		No	
D3999	Unspecified Endodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	1 PER 36 MONTHS	Yes	Pre-op x-rays of the tooth/area and Completed 6 point perio chart
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	1 PER 36 MONTHS	Yes	Pre-op x-rays of the tooth/area and Completed 6 point perio chart
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4249	Clinical Crown Lengthening - Hard Tissue	1 PER 36 MONTHS	Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	1 PER 36 MONTHS	Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4263	Bone Replacement Graft - First Site In Quadrant	1 PER 36 MONTHS	Yes	Pre-op x-rays of the tooth/area and Completed 6 point perio chart



Code	Description	Limitations	Auth	Clinical documentation
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	1 PER 36 MONTHS	Yes	Pre-op x-rays of the tooth/area and Completed 6 point perio chart
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	1 PER 36 MONTHS	Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4267	Guided Tissue Regeneration		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4270	Pedicle Soft Tissue Graft Procedure		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	1 PER 36 MONTHS	Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4274	Distal Or Proximal Wedge Procedure		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4320	Provisional Splinting - Intracoronal		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4321	Provisional Splinting - Extracoronal		Yes	Pre-op X-rays of the tooth/area, Complete 6 point perio chart, narrative
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	2 PER 1 ACCUM YEAR	No	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	2 PER 1 ACCUM YEAR	No	
D4355	Full Mouth Debridement		No	
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	1 PER 24 MONTHS	Yes	PAN or FMX, Complete 6 point perio chart and date of previous SRP
D4910	Periodontal Maintenance	2 PER 1 ACCUM YEAR	No	
D4999	Unspecified Periodontal Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary	1 PER 5 FLOATING YEARS	No	
D5120	Complete Denture - Mandibular	1 PER 5 FLOATING YEARS	No	
D5130	Immediate Denture - Maxillary	1 PER 60 MONTHS	No	
D5140	Immediate Denture - Mandibular	1 PER 60 MONTHS	No	
D5211	Maxillary Partial Denture - Resin Base	1 PER 5 FLOATING YEARS	No	
D5212	Mandibular Partial Denture - Resin Base	1 PER 5 FLOATING YEARS	No	
D5213	maxillary partial denture - cast metal framework with resin denture bases	1 PER 60 MONTHS		
D5214	mandibular partial denture - cast metal framework with resin denture bases	1 PER 60 MONTHS		
D5225	Maxillary Partial Denture - Flexible Base	1 PER 5 FLOATING YEARS	No	
D5226	Mandibular Partial Denture - Flexible Base	1 PER 5 FLOATING YEARS	No	
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal - Maxillary		No	
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal - Mandibular		Yes	Panoramic or FMX
D5410	Adjust Complete Denture - Maxillary		No	
D5411	Adjust Complete Denture - Mandibular		No	
D5421	Adjust Partial Denture - Maxillary		No	
D5422	Adjust Partial Denture - Mandibular		No	
D5511	Repair Broken Complete Denture Base - Mandibular		No	
D5512	Repair Broken Complete Denture Base - Maxillary		No	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)		No	
D5611	Repair Resin Partial Denture Base - Mandibular		No	
D5612	Repair Resin Partial Denture Base - Maxillary		No	



Code	Description	Limitations	Auth	Clinical documentation
D5621	Repair Cast Partial Framework - Mandibular		No	
D5622	Repair Cast Partial Framework - Maxillary		No	
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth		No	
D5640	Replace Broken Teeth - Per Tooth		No	
D5650	Add Tooth To Existing Partial Denture		No	
D5660	Add Clasp To Existing Partial Denture - Per Tooth		No	
D5730	Reline Complete Maxillary Denture (Chairside)		No	
D5731	Reline Complete Mandibular Denture (Chairside)		No	
D5740	Reline Maxillary Partial Denture (Chairside)		No	
D5741	Reline Mandibular Partial Denture (Chairside)		No	
D5750	Reline Complete Maxillary Denture (Laboratory)		No	
D5751	Reline Complete Mandibular Denture (Laboratory)		No	
D5760	Reline Maxillary Partial Denture (Laboratory)		No	
D5761	Reline Mandibular Partial Denture (Laboratory)		No	
D5810	Interim Complete Denture (Maxillary)		Yes	Panoramic or FMX
D5811	Interim Complete Denture (Mandibular)		Yes	Panoramic or FMX
D5820	Interim Partial Denture (Maxillary)		Yes	Panoramic or FMX
D5821	Interim Partial Denture (Mandibular)		Yes	Panoramic or FMX
D5850	Tissue Conditioning, Maxillary		No	
D5851	Tissue Conditioning, Mandibular		No	
D5862	Precision Attachment, By Report		Yes	FMX or panoramic and narrative of medical necessity
D5863	Overdenture - Complete Maxillary		Yes	Pre-op x-rays (excluding BWX)
D5864	Overdenture - Partial Maxillary		Yes	Pre-op x-rays (excluding BWX)
D5865	Overdenture - Complete Mandibular		Yes	Pre-op x-rays (excluding BWX)
D5866	Overdenture - Partial Mandibular		Yes	Pre-op x-rays (excluding BWX)
D5899	Unspecified Removable Prosthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D6010	Surgical Placement Of Implant Body: Endosteal Implant	4 PER 1 ACCUM YEAR	Yes	FMX or panoramic x-rays
D6040	Surgical Placement: Eosteal Implant	4 PER 1 FLOATING YEAR	Yes	Panoramic or FMX
D6055	Connecting Bar - Implant Supported Or Abutment Supported		Yes	Pre-op x-rays
D6056	Prefabricated Abutment - Includes Modification And Placement		Yes	Pre-op x-rays
D6057	Custom Fabricated Abutment - Includes Placement		Yes	Pre-op x-rays
D6058	Abutment Supported Porcelain/Ceramic Crown		Yes	Pre-op x-rays
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)		Yes	Pre-op x-rays
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)		Yes	Pre-op x-rays
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)		Yes	Pre-op x-rays
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)		Yes	Pre-op x-rays
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)		Yes	Pre-op x-rays
D6064	Abutment Supported Cast Metal Crown (Noble Metal)		Yes	Pre-op x-rays
D6066	implant supported crown – porcelain fused to metal crown (titanium, titanium all		Yes	Pre-op x-rays
D6067	implant supported metal crown – (titanium, titanium alloy, high noble metals all		Yes	Pre-op x-rays
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis		Yes	Narrative of medical necessity
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	1 PER CODE EVERY 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	1 PER CODE EVERY 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity



Code	Description	Limitations	Auth	Clinical documentation
D6112	Implant/Abutment Supported Removable Denture-Partially Edentulous Maxillary Arch	1 PER CODE EVERY 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity
D6113	Implant/Abutment Supported Removable Denture-Partially Edentulous Mand. Arch	1 PER CODE EVERY 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity
D6191	Semi-precision abutment - placement	1 PER 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity
D6192	Semi-precision attachment - placement	1 PER 60 MONTHS	Yes	FMX or Pano, narrative of medical necessity
D6210	Pontic - Cast High Noble Metal		Yes	Full arch radiographs w/Charting of missing teeth
D6211	Pontic - Cast Predominantly Base Metal		No	
D6212	Pontic - Cast Noble Metal		No	
D6240	Pontic - Porcelain Fused To High Noble Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6242	Pontic - Porcelain Fused To Noble Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6250	Pontic - Resin With High Noble Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6251	Pontic - Resin With Predominantly Base Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6252	Pontic - Resin With Noble Metal		Yes	Full arch radiographs w/Charting of missing teeth
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis		Yes	Full arch radiographs w/Charting of missing teeth
D6720	Retainer Crown - Resin With High Noble Metal		Yes	Full arch radiographs w/Charting of missing teeth
D6721	Retainer Crown - Resin With Predominantly Base Metal		No	
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1 PER 60 MONTHS	Yes	Full arch radiographs w/Charting of missing teeth
D6752	Retainer Crown - Porcelain Fused To Noble Metal		Yes	Full arch radiographs w/Charting of missing teeth
D6780	Retainer Crown - 3/4 Cast High Noble Metal		No	
D6790	Retainer Crown - Full Cast High Noble Metal		No	
D6791	Retainer Crown - Full Cast Predominantly Base Metal		No	
D6792	Retainer Crown - Full Cast Noble Metal		No	
D6930	Re-Cement Or Re-Bond Fixed Partial Denture		No	
D6940	Stress Breaker		No	
D6950	Precision Attachment		No	
D6980	Fixed Partial Denture Repair		No	
D6999	Unspecified Fixed Prosthodontic Procedure, By Report		yes	Current dated radiographs of tooth/area of problem and description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - PrimaryTooth		No	
D7140	Extraction, Erupted Tooth Or Exposed Root		No	
D7210	Extraction, Erupted Tooth		No	
D7220	Removal Of Impacted Tooth - Soft Tissue	1 PER 1 LIFETIME	No	
D7230	Removal Of Impacted Tooth - Partially Bony	1 PER 1 LIFETIME	No	
D7240	Removal Of Impacted Tooth - Completely Bony	1 PER 1 LIFETIME	No	
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications		No	
D7250	Removal Of Residual Tooth (Cutting Procedure)		No	



Code	Description	Limitations	Auth	Clinical documentation
D7251	Coronectomy - Intentional Partial Tooth Removal	1 PER 1 LIFETIME	No	
D7260	Oroantral Fistula Closure		No	
D7261	Primary Closure Of Sinus Perforation		No	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth		No	
D7272	Tooth Transplantation (Includes Reimplantation)		No	
D7280	Exposure of an Unerupted Tooth		No	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth		No	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)		No	
D7286	Incisional Biopsy Of Oral Tissue - Soft		No	
D7290	Surgical Repositioning Of Teeth		No	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report		No	
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure		Yes	Narrative of medical necessity with claim
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth		No	
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth		No	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth		No	
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth		No	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)		yes	Panoramic x-ray and Narrative of necessity
D7350	Vesiculoplasty - Ridge Extension (Including Soft Tissue Grafts)	Payable only to a dental provider with a specialty in oral surgery.	yes	Panoramic x-ray and Narrative of necessity
D7410	Excision Of Benign Lesion Up To 1.25 Cm		yes	Narrative of necessity and Pathology report
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm		yes	Narrative of necessity and Pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm		No	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm		No	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report		No	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	Payable only to a dental provider with a specialty in oral surgery.	No	
D7472	Removal Of Torus Palatinus	Payable only to a dental provider with a specialty in oral surgery.	yes	Panoramic x-ray and Narrative of necessity
D7473	Removal Of Torus Mandibularis	Payable only to a dental provider with a specialty in oral surgery.	yes	Panoramic x-ray and Narrative of necessity
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue		No	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue		No	
D7530	Removal Of Foreign Body From Mucosa		No	
D7540	Removal Of Reaction Producing Foreign Bodies		No	
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone		No	



Code	Description	Limitations	Auth	Clinical documentation
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body		No	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)		No	
D7650	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7660	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth		No	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical		No	
D7710	Maxilla - Open Reduction		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7730	Mandible - Open Reduction		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7740	Mandible - Closed Reduction		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7760	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7770	Alveolus - Open Reduction Stabilization Of Teeth		No	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches		No	
D7810	Open Reduction Of Dislocation		No	
D7820	Closed Reduction Of Dislocation		No	
D7840	Condylectomy		No	
D7850	Surgical Discetomy, With/Without Implant		No	
D7860	Arthrotomy		No	
D7870	Arthrocentesis		No	
D7880	Occlusal Orthotic Device, By Report		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7910	Suture Of Recent Small Wounds Up To 5 Cm		No	
D7911	Complicated Suture - Up To 5 Cm		No	
D7912	Complicated Suture - Greater Than 5 Cm		No	
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla		Yes	Narrative of medical necessity with claim, x-rays or photos optional
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure		No	
D7961	buccal / labial frenectomy (frenulectomy)		yes	Narrative of necessity
D7962	lingual frenectomy (frenulectomy)		yes	Narrative of necessity
D7963	Frenuloplasty		yes	Narrative of necessity
D7970	Excision Of Hyperplastic Tissue - Per Arch		yes	Narrative of necessity
D7971	Excision Of Pericoronal Gingiva		No	
D7972	Surgical Reduction Of Fibrous Tuberosity		No	
D7980	Surgical Sialolithotomy		No	
D7981	Excision Of Salivary Gland, By Report		No	
D7982	Sialodochoplasty		No	
D7983	Closure Of Salivary Fistula		No	
D7990	Emergency Tracheotomy		No	
D7999	Unspecified Oral Surgery Procedure, By Report		No	
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure		No	
D9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures		No	



Code	Description	Limitations	Auth	Clinical documentation
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		No	
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment		No	
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis		No	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		No	
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		No	
D9248	Non-Intravenous Conscious Sedation		No	
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician		No	
D9410	House/Extended Care Facility Call		No	
D9420	Hospital Or Ambulatory Surgical Center Call		No	
D9430	Office Visit For Observation (During Regularly Scheduled Hours)		No	
D9440	Office Visit - After Regularly Scheduled Hours		No	
D9450	Case Presentation, detailed and extensive treatment planning	1 per member per day	Yes	Providers who render covered dental services to members in their business practice address as an FQHC are eligible for reimbursement. Also providers whose business practice address is within the following five counties: Barnstable, Berkshire, Dukes, Franklin, and Hampshire and meet the criteria are eligible for a rural add-on payment using code D9450.
D9610	Therapeutic Parenteral Drug, Single Administration		No	
D9630	Drugs or Medicaments - dispensed for home use		No	
D9910	Application Of Desensitizing Medicament		No	
D9920	Behavior Management, By Report		No	
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report		No	
D9944	Occlusal Guard-hard appliance, full arch		No	
D9945	Occlusal Guard-soft appliance, full arch		No	
D9946	Occlusal Guard-hard appliance, partial arch		No	
D9950	Occlusion Analysis - Mounted Case		No	
D9951	Occlusal Adjustment - Limited		No	
D9952	Occlusal Adjustment - Complete		No	
D9995	Teledentistry - Synchronous; Real-Time Encounter	1 PER 1 DAYS	No	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	1 PER 1 DAYS	No	
D9999	Unspecified Adjunctive Procedure, By Report		yes	Current dated radiographs of tooth/area of problem and description of procedure and narrative of medical necessity



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