

# UnitedHealthcare Community Plan of Missouri Medicaid Dental Quick Reference Guide

Effective: July 1, 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: **1-855-934-9818**

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

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



## Prior authorization

UnitedHealthcare Dental Authorizations  
PO Box 5111  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Community Plan  
Attn: Appeals Department  
PO Box 1427  
Milwaukee, WI 53201

Toll-free: **1-855-934-9818**



## Claims

### UnitedHealthcare Dental Claims

PO Box 1471  
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.

## Sample member ID card

		In case of emergency call 911 or go to nearest emergency room. <small>Printed: 10/13/23</small>	
Health Plan (80840) <b>911-86050-02</b>		This card does not guarantee coverage. To verify benefits or to find a provider, visit the website <a href="http://www.MyUHC.com/CommunityPlan">www.MyUHC.com/CommunityPlan</a> or call.	
<b>Member ID: 001600012</b> <b>Group Number: MOHNET</b>		For Members:                      866-292-0359                      TTY 711 Behavioral Health:              866-292-0359                      TTY 711 Dental/Vision:                    866-292-0359                      TTY 711 NurseLine:                        866-351-6827                      TTY 711	
<b>Member:</b> NEW M ENGLISH                      Payer ID: 86050 DCN #:                                      99999912 PCP Name: DOUGLAS GETWELL PCP Phone: (717) 851-6816 S1803 MT ROSE AVE STE B3 YORK, MO 174033051		For Providers:                      UHCprovider.com                      866-815-5334 Dental Providers: 865-934-9818 Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240	
0501                                      UnitedHealthcare Community Plan of Missouri Administered by UnitedHealthcare of the Midwest, Inc.		Transportation: 866-292-0359      Pharmacy: 800-392-2161 or 573-751-6527 UHC19037 Approved 09/26/18	

## Benefit coverage, limitations, and requirements

Provider Quick Reference Guide for the UnitedHealthcare Community Plan of Missouri. Covered services are paid at 100% of the provider fee schedule amount with no deductible or copay amount.

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements. This table is subject to change. Up to date IHCP covered services may be found at [UHCdental.com/medicaid](http://UHCdental.com/medicaid).

### UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0140	Limited Oral Evaluation - Problem Focused		2 per code every Year		
D0150	Comprehensive Oral Evaluation - New Or Established Patient		1 per code every 2 Accum Years		
D0220	Intraoral - Periapical First Radiographic Image		1 per code every Day		
D0230	Intraoral - Periapical Each Additional Image		4 per code every Day		
D0272	Bitewings - Two Radiographic Images		4 per code every Accum Year		
D0274	Bitewings - Four Radiographic Images		2 per code every Accum Year		
D0330	Panoramic Radiographic Image	6-999	1 per code every 24 Months		
D0412	Test For Diabetes				
D1110	Prophylaxis - Adult	13-125	2 per code every Accum Year		
D2140	Amalgam - One Surface, Primary Or Permanent				
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	resin-based composite – four or more surfaces (anterior)				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2940	Protective Restoration				
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays



## UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		1 per code per quadrant every 2 Years		
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		1 per code per quadrant every 2 Years		
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno				
D4910	Periodontal Maintenance			Yes	
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				
D7220	Removal Of Impacted Tooth - Soft Tissue				
D7230	Removal Of Impacted Tooth - Partially Bony				
D7240	Removal Of Impacted Tooth - Completely Bony				
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications				
D7250	Removal Of Residual Tooth (Cutting Procedure)				
D7260	Oroantral Fistula Closure				
D7261	Primary Closure Of Sinus Perforation				
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated				
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit				
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes			Yes	
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		2 per code every Day	Yes	
D9248	Non-Intravenous Conscious Sedation				
D9610	Therapeutic Parenteral Drug, Single Administration				
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations				
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report				



The following benefit information was written in alignment with Section 19 of the MO Dental Manual.

The following CDT and injection procedure codes are covered for eligible needy children under the age of 21 or persons receiving MO HealthNet under a category of assistance for pregnant women, the blind, or participants residing in a nursing facility.

**UnitedHealthcare MO Medicaid Dental Benefit  
Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0120	Periodic Oral Evaluation - Established Patient				
D0140	Limited Oral Evaluation - Problem Focused		2 per 1 floating year		
D0145	Oral Evaluation, Patient Under Three	0-2	Includes counseling with primary caregiver		
D0150	Comprehensive Oral Evaluation - New Or Established Patient		1 per code every 2 accum years per patient per provider		
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report				
D0170	Re-Evaluation - Limited, Problem Focused				
D0171	Re-Evaluation - Post Operative Office Visit				
D0210	Intraoral - Complete Series of Radiographic Images		1 per 24 months; May not bill D0330 during same 24 month period		
D0220	Intraoral - Periapical First Radiographic Image		1 per date of service		
D0230	Intraoral - Periapical Each Additional Image		Maximum of 4 on same date of service		
D0240	Intraoral - Occlusal Radiographic Image		1 per date of service		
D0250	Extraoral - 2D Projection Radiographic image		1 per date of service		
D0251	Extra-Oral Posterior Dental Radiographic Image				
D0270	Bitewing - Single Radiographic Image		Maximum qty of 4 single, or combination of D270 (qty 2) and D0272 (qty1) in 6 months; Not covered during same six months as D0274 or D0277		
D0272	Bitewings - Two Radiographic Images		2 per 6 month intervals; Not covered during same six months as D0274 or D0277		
D0273	Bitewings - Three Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272, D0274 or D0277		
D0274	Bitewings - Four Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0277		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0274; Cannot bill on the same date of service as regular bitewings		
D0310	Sialography			Yes	narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0330	Panoramic Radiographic Image	6 & over	1 per 24 months; May not bill D0210 during same 24 month period		
D0340	2D Cephalometric Radiographic Image	0-20			
D0350	Oral/Facial Photographic Images	0-20			
D0364	Cone Beam - Less Than One Whole Jaw				
D0365	Cone Beam - One Full Dental Arch-Maxilla				
D0366	Cone Beam- One Full Dental Arch-Maxilla				
D0367	Cone Beam Both Jaws				
D0368	Cone Beam TMJ Series				
D0412	Test for Diabetes				
D0415	Collection Of Microorganisms For Culture And Sensitivity	0-20			
D0460	Pulp Vitality Tests	0-20			
D0470	Diagnostic Casts	0-20			
D0604	Antigen Testing For A Public Health Related Pathogen, Including Coronavirus,				
D0605	Antibody Testing For A Public Health Related Pathogen, Including Coronavirus,				
D0701	Panoramic Radiographic Image- Image Capture Only,				
D0702	2-D Cephalometric Radiographic Image- Image Capture Only	0-20			
D0703	2-D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra Orally - Image Only	0-20			
D0705	Extra-Oral Posterior Dental Radiographic Image- Image Capture Only,				
D0706	Intraoral- Occlusal Radiographic Image - Image Capture Only,				
D0707	Intraoral - Peiapical Radiographic Image - Image Capture Only,				
D0708	Intraoral- Bitewing Radiographic Image - Image Capture Only,				
D0709	Intraoral Comprehensive Series Of Radiographic Images - Image Capture Only				
D0999	Unspecified Diagnostic, by report			Yes	description of procedure and narrative of medical necessity
D1110	Prophylaxis - Adult	13 & over	1 per 6 month intervals		
D1120	Prophylaxis - Child	0-12	1 per 6 month intervals		
D1206	Topical Application Of Fluoride Varnish	0-20	1 per 6 month intervals		
D1208	Topical Application of Fluoride				
D1351	Sealant - Per Tooth	5-20			
D1353	Sealant Repair - Per Tooth	5-20			
D1354	Interim Caries Arresting Medicament Application		1 per 6 month intervals; 4 applications per tooth per lifetime		
D1355	Caries Preventative Medicament Application - Per Tooth	0-14			
D1510	Space Maintainer - Fixed - Unilateral	0-20			
D1515	Space Maintainer - Fixed - Bilateral	0-20			
D1516	Space Maintainer - Fixed - Unilateral - Per Quadrant				
D1516	Space Maintainer - Fixed Bilateral Maxillary				



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D1517	Space Maintainer- Fixed Bilateral Mandibular				
D1526	Space Maintainer - Removable - Bilateral Maxillary				
D1527	Space Maintainer - Removable Bilateral Mandibular				
D1551	Re-cement Or Re-bond Bilateral Space Maintainer - Maxillary				
D1552	Re-cement Or Re-bond Bilateral Space Maintainer - Mandibular				
D1553	Re-cement Or Re-bond Bilateral Space Maintainer - Per Quadrant				
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant				
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary				
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular				
D1575	Distal shoe space maintainer - fixed	0-20			
D1999	Unspecified Preventive Procedure, By Report				
D2140	Amalgam - One Surface, Primary Or Permanent				
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2710	Crown - Resin-Based Composite (Indirect)	0-20		Yes	pre-op x-rays
D2720	Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D2721	Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2722	Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D2740	Crown - Porcelain/Ceramic Substrate	0-20		Yes	pre-op x-rays
D2750	Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2752	Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D2753	Crown - Porcelain Fused To Titanium And Titanim Alloys				
D2780	Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2781	Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2782	Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D2783	Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D2790	Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2791	Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2792	Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D2799	Provisional Crown			Yes	full mouth x-rays or panorex, treatment plan



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration				
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core				
D2920	Re-Cement or Re-Bond Crown				
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-20			
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		Replacement within 6 months is not covered		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth		Replacement within 6 months is not covered		
D2932	Prefabricated Resin Crown		Replacement within 6 months is not covered		
D2933	Prefabricated Stainless Steel Crown With Resin Window		Replacement within 6 months is not covered		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth				
D2940	Protective Restoration				
D2941	Interim Therapeutic Restoration - Primary Dentition	0-20			
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays
D2951	Pin Retention - Per Tooth, In Addition To Restoration				
D2952	Post And Core In Addition To Crown, Indirectly Fabricated			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D2953	Each Additional Indirectly Fabricated Post - Same Tooth		Used with D2952	Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D2954	Prefabricated Post And Core In Addition To Crown			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D2955	Post Removal				
D2957	Each Additional Prefabricated Post - Same Tooth		Used with D2954		
D2960	Labial Veneer (Resin Laminate) - Chairside	0-20		Yes	pre-op x-rays
D2961	Labial Veneer (Resin Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2971	Additional Procedures To Construct New Crown Under Existing Partial	0-20		Yes	pre-op x-rays
D2980	Crown Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2981	Inlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2982	Onlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2999	Unspecified Restorative Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D3110	Pulp Cap - Direct (Excluding Final Restoration)				
D3120	Pulp Cap - Indirect (Excluding Final Restoration)				
D3220	Therapeutic Pulpotomy				
D3221	Pulpal Debridement - Primary And Permanent Teeth				
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth			Yes	Pre-op x-rays (excluding BWX)
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth				
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth				
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access			Yes	pre-op x-rays (excluding bitewings)
D3332	Incomplete Endodontic Therapy			Yes	pre-op x-rays (excluding bitewings)
D3333	Internal Root Repair Of Perforation Defects			Yes	pre-op x-rays (excluding bitewings)
D3346	Retreatment Of Previous Root Canal Therapy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid			Yes	pre-op x-rays (excluding bitewings)
D3348	Retreatment Of Previous Root Canal Therapy - Molar			Yes	pre-op x-rays (excluding bitewings)
D3351	Apexification / Recalcification - Initial Visit			Yes	pre-op x-rays (excluding bitewings)
D3352	Apexification / Recalcification - Interim			Yes	date of initial apexification visit
D3353	Apexification / Recalcification - Final Visit			Yes	date of initial visit and post trmt x-ray
D3410	Apicoectomy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3421	Apicoectomy - Bicuspid (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3425	Apicoectomy - Molar (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3426	Apicoectomy - Each Additional Root)			Yes	pre-op x-rays (excluding bitewings)
D3430	Retrograde Filling - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3450	Root Amputation - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam				
D3999	Unspecified Endodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth		Per tooth	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4245	Apically Positioned Flap			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4249	Clinical Crown Lengthening - Hard Tissue	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4263	Bone Replacement Graft - First Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4267	Guided Tissue Regeneration	0-20	Include membrane removal	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional





**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D4268	Surgical Revision Procedure, Per Tooth	0-20	Claim must include pre-op x-rays	Yes	pre-op x-rays
D4270	Pedicle Soft Tissue Graft Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4274	Distal Or Proximal Wedge Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	0-20			
D4285	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	0-20			
D4322	Splint- Intra-Coronal Natural Teeth Or Prosthetic Crowns			Yes	Documentation of medical necessity
D4323	Splint - Extra-Coronal Natural Teeth Or Prosthetic Crowns			Yes	Documentation of medical necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		1 per 2 floating years		
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		1 per 2 floating years		
D4346	Scaling In Moderate Or Severe Gingival Inflammation	0-999	1 per 2 floating years		
D4355	Full Mouth Debridement				
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle		Via controlled release	Yes	periodontal charting
D4910	Periodontal Maintenance		Office visit not covered on date of service	Yes	date of previous periodontal surgical, scaling and root planing or periodontal maintenance procedure
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)		Different dentist		
D4999	Unspecified Periodontal Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary			Yes	full mouth x-rays or panorex
D5120	Complete Denture - Mandibular			Yes	full mouth x-rays or panorex
D5130	Immediate Denture - Maxillary		1 per lifetime	Yes	full mouth x-rays or panorex
D5140	Immediate Denture - Mandibular		1 per lifetime	Yes	full mouth x-rays or panorex
D5211	Maxillary Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5212	Mandibular Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5225	Maxillary Partial Denture - Flexible Base	8 & over			
D5226	Mandibular Partial Denture - Flexible Base	8 & over			
D5227	Immediate Maxillary Partial Denture- Flexible Base (Including Any Clasps, Rests)			Yes	A FMX or panoramic x-rays



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5228	Immediate Mandibular Partial Denture- Flexible Base (Including Any Clasps, Rest)			Yes	A FMX or panoramic x-rays
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)				
D5283	Removable Unilateral Partial Denture 0 One Piece Cast Metal (Including Retentive)				
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive)				
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive Clasps)				
D5410	Adjust Complete Denture - Maxillary				
D5411	Adjust Complete Denture - Mandibular				
D5421	Adjust Partial Denture - Maxillary				
D5422	Adjust Partial Denture - Mandibular				
D5511	Repair Broken Complete Denture Base - Mandibular				
D5512	Repair Broken Complete Denture Base - Maxillary				
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)				
D5611	Repair Resin Partial Denture Base - Mandibular				
D5612	Repair Resin Partial Denture Base - Maxillary				
D5621	Repair Cast Partial Framework - Mandibular	8 & over		Yes	date of service
D5622	Repair Cast Partial Framework - Maxillary	8 & over		Yes	date of service
D5630	Repair Or Replace Broken Clasp - Per Tooth				
D5640	Replace Broken Teeth - Per Tooth				
D5650	Add Tooth To Existing Partial Denture				
D5660	Add Clasp To Existing Partial Denture - Per Tooth				
D5710	Rebase Complete Maxillary Denture				
D5711	Rebase Complete Mandibular Denture				
D5720	Rebase Maxillary Partial Denture				
D5721	Rebase Mandibular Partial Denture				
D5725	Rebase Hybrid Prosthesis				
D5730	Reline Complete Maxillary Denture (Chairside)				
D5731	Reline Complete Mandibular Denture (Chairside)				
D5740	Reline Maxillary Partial Denture (Chairside)				
D5741	Reline Mandibular Partial Denture (Chairside)				
D5750	Reline Complete Maxillary Denture (Laboratory)				
D5751	Reline Complete Mandibular Denture (Laboratory)				
D5760	Reline maxillary partial denture (indirect) (includes new impression in old denture, check bite, and fullprocess procedure)				
D5761	Reline Mandibular Partial Denture (Laboratory)				
D5765	Soft Liner For Complete Or Partial Removable Denture - Indirect				
D5820	Interim Partial Denture (Maxillary)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5821	Interim Partial Denture (Mandibular)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5850	Tissue Conditioning, Maxillary				
D5851	Tissue Conditioning, Mandibular				
D5862	Precision Attachment, By Report	0-20		Yes	documentation describing type of device and narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit**  
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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D5863	Overdenture - Complete Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5864	Overdenture - Partial Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5865	Overdenture - Complete Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5866	Overdenture - Partial Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	0-20		Yes	narrative describing type of attachment and medical necessity for the need
D5899	Unspecified Removable Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5913	Nasal Prosthesis			Yes	narrative of medical necessity
D5914	Auricular Prosthesis			Yes	narrative of medical necessity
D5919	Facial Prosthesis			Yes	narrative of medical necessity
D5922	Nasal Septal Prosthesis			Yes	narrative of medical necessity
D5926	Nasal Posthesis, Replacement			Yes	narrative of medical necessity
D5927	Auricular Prosthesis, Replacement			Yes	narrative of medical necessity
D5932	Obturator Prosthesis, Definitive			Yes	narrative of medical necessity
D5934	Mandibular Resection Prosthesis With Guide Flange			Yes	narrative of medical necessity
D5935	Mandibular Resection Prosthesis Without Guide Flange			Yes	narrative of medical necessity
D5936	Obturator Prosthesis, Interim			Yes	narrative of medical necessity
D5952	Speech Aid Prosthesis, Pediatric			Yes	narrative of medical necessity
D5953	Speech Aid Prosthesis, Adult			Yes	narrative of medical necessity
D5954	Palatal Augmentation Prosthesis			Yes	narrative of medical necessity
D5955	Palatal Lift Prosthesis, Definitive			Yes	narrative of medical necessity
D5958	Palatal Lift Prosthesis, Interim			Yes	narrative of medical necessity
D5959	Palatal Lift Prosthesis, Modification			Yes	narrative of medical necessity
D5960	Speech Aid Prosthesis, Modification			Yes	narrative of medical necessity
D5988	Surgical Splint			Yes	narrative of medical necessity
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report			Yes	narrative of medical necessity
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra Or Intraoral)			Yes	narrative of medical necessity
D5995	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Maxillary				
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed Mandibular				
D5999	Unspecified Maxillofacial Prosthesis, By Report			Yes	description of procedure and narrative of medical necessity
D6010	Surgical Placement Of Implant Body: Endosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6011	Second stage implant surgery				
D6040	Surgical Placement: Eosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6050	Surgical Placement: Transosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6056	Prefabricated abutment - includes modification and placement				
D6057	Custom fabricated abutment - includes placement				
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys				
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys				
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys				



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D6086	Implant Supported Crown- predominately Base Alloys				
D6087	Implant Supported Crown- Noble Alloys				
D6088	Implant Supported Crown- Titanium And Titanium Alloys				
D6090	Repair Implant Supported Prosthesis, By Report			Yes	narrative of medical necessity
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown				
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture				
D6095	Repair Implant Abutment, By Report			Yes	narrative of medical necessity
D6097	Abutment Supported Crown- Porcelain Fused To Titanium And Titanium Alloys				
D6098	Implant And Supported Retainer - Porcelain Fused To Predominately Base Alloys				
D6099	Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys				
D6100	Implant Removal, By Report			Yes	narrative of medical necessity
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	0-20	1 Per lifetime		
D6106	Guided Tissue Regeneration- Resorbable Barrier, Per Implant	0-20	1 Per lifetime		
D6107	Guided Tissue - Non Resorbable Barrier, Per Implant	0-20	1 Per lifetime		
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys				
D6121	Implant Supported Retainer For Metal FPD- Predominately Base Alloys				
D6122	Implant Supported Retainer For Metal FPD- Noble Alloys				
D6123	Implant Supported Retainer For FPD -Titanium And Titanium Alloys				
D6191	Semi Precision Abutment				
D6192	Semi Precision Abutment				
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys				
D6210	Pontic - Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6211	Pontic - Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6212	Pontic - Cast Noble Metal	0-20		Yes	pre-op x-rays
D6240	Pontic - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6242	Pontic - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6243	Pontic- Porcelain Fused To Titanium And Titanium Alloys				
D6245	Pontic - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6250	Pontic - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6251	Pontic - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6252	Pontic - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6720	Retainer Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6721	Retainer Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6722	Retainer Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D6740	Retainer Crown - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6752	Retainer Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6753	Retainer Crown- Porcelain Fused To Titanium And Titanium Alloys				
D6780	Retainer Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6782	Retainer Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6790	Retainer Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6791	Retainer Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6792	Retainer Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D6920	Connector Bar	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6930	Re-Cement Or Re-Bond Fixed Partial Denture				
D6940	Stress Breaker	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6950	Precision Attachment	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6980	Fixed Partial Denture Repair			Yes	narrative of medical necessity
D6999	Unspecified Fixed Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - Deciduous Tooth				
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7220	Removal Of Impacted Tooth - Soft Tissue			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7251	Coronectomy - Intentional Partial Tooth Removal			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7260	Oroantral Fistula Closure			Yes	narrative of medical necessity
D7261	Primary Closure Of Sinus Perforation			Yes	narrative of medical necessity
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth				
D7280	Exposure of an Unerupted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7287	Exfoliative Cytological Sample Collection	0-20		Yes	copy of pathology report
D7290	Surgical Repositioning Of Teeth			Yes	pre-op x-rays and narrative of medical necessity
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-125		Yes	pre-op x-rays and narrative of medical necessity
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure			Yes	narrative of medical necessity
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings)
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth				
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7410	Excision Of Benign Lesion Up To 1.25 Cm			Yes	copy of pathology report
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm			Yes	copy of pathology report
D7412	Excision Of Benign Lesion, Complicated			Yes	copy of pathology report
D7413	Excision Of Malignant Lesion Up To 1.25 Cm			Yes	copy of pathology report
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm			Yes	copy of pathology report
D7415	Excision Of Malignant Lesion, Complicated			Yes	copy of pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm			Yes	copy of pathology report
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm			Yes	copy of pathology report
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	copy of pathology report



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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	copy of pathology report
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	copy of pathology report
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	copy of pathology report
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report			Yes	copy of pathology report
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)			Yes	narrative of medical necessity, x-rays or photos optional
D7472	Removal Of Torus Palatinus			Yes	narrative of medical necessity, x-rays or photos optional
D7473	Removal Of Torus Mandibularis			Yes	narrative of medical necessity, x-rays or photos optional
D7485	Reduction Of Osseous Tuberosity			Yes	narrative of medical necessity, x-rays or photos optional
D7490	Radical Resection Of Maxilla Or Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7509	Marsupialization Of Odontogenic Cyst Surgical Decompression Of A Large Cystic Lesion	0-20			
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7511	Incision and drainage of abscess- intraoral soft tissue - complicated				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7521	Incision and drainage of abscess - extraoral tissue - complicated				
D7530	Removal Of Foreign Body From Mucosa			Yes	narrative of medical necessity, x-rays or photos optional
D7540	Removal Of Reaction Producing Foreign Bodies			Yes	narrative of medical necessity, x-rays or photos optional
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone			Yes	narrative of medical necessity, x-rays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Yes	narrative of medical necessity, x-rays or photos optional
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7650	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7660	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Yes	narrative of medical necessity, x-rays or photos optional
D7710	Maxilla - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7720	Maxilla - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7730	Mandible - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional





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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7740	Mandible - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7760	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7770	Alveolus - Open Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7771	Alveolus - Closed Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches			Yes	narrative of medical necessity, x-rays or photos optional
D7810	Open Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7820	Closed Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7830	Manipulation Under Anesthesia			Yes	narrative of medical necessity, x-rays or photos optional
D7840	Condylectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7850	Surgical Discectomy, With/Without Implant			Yes	narrative of medical necessity, x-rays or photos optional
D7860	Arthrotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7865	Arthroplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7870	Arthrocentesis			Yes	narrative of medical necessity, x-rays or photos optional
D7871	Non-Arthroscopic Lysis And Lavage			Yes	narrative of medical necessity, x-rays or photos optional
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy			Yes	narrative of medical necessity, x-rays or photos optional
D7873	Arthroscopy - Lavage And Lysis Of Adhesions			Yes	narrative of medical necessity, x-rays or photos optional
D7874	Arthroscopy - Disc Repositioning And Stabilization			Yes	narrative of medical necessity, x-rays or photos optional
D7875	Arthroscopy - Synovectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7876	Arthroscopy - Discectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7877	Arthroscopy - Debridement			Yes	narrative of medical necessity, x-rays or photos optional
D7880	Occlusal Orthotic Device, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7911	Complicated Suture - Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7912	Complicated Suture - Greater Than 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)			Yes	narrative of medical necessity, x-rays or photos optional
D7922	Placement of Intra-socket Biological Dressing To Aid In Homeostasis Or Clot Stab				
D7940	Osteoplasty - For Orthognathic Deformities			Yes	narrative of medical necessity, x-rays or photos optional
D7941	Osteotomy - Mandibular Rami			Yes	narrative of medical necessity, x-rays or photos optional





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Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7944	Osteotomy - Segmented Or Subapical			Yes	narrative of medical necessity, x-rays or photos optional
D7945	Osteotomy - Body Of Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7946	Lefort I - (Maxilla - Total)			Yes	narrative of medical necessity, x-rays or photos optional
D7947	Lefort I - (Maxilla - Segmented)			Yes	narrative of medical necessity, x-rays or photos optional
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7949	Lefort Ii Or Lefort Iii - With Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla			Yes	narrative of medical necessity, x-rays or photos optional
D7953	Bone Replacement Graft For Ridge Preservation - Per Site			Yes	narrative of medical necessity, x-rays or photos optional
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect			Yes	narrative of medical necessity, x-rays or photos optional
D7956	Guided Tissue Regeneration, Edentulous Area- Resorbable Barrier, Per Site	0-20	1 per lifetime per tooth		
D7957	Guided Regeneration, Edentulous Area- Resorbable Barrier, Per Site	0-20	1 per lifetime per tooth		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure			Yes	narrative of medical necessity, x-rays or photos optional
D7961	Buccal/Labial Frenectomy (Frenulectomy)				narrative of medical necessity, x-rays or photos optional
D7962	Lingual Frenectomy (Frenulectomy)				narrative of medical necessity, x-rays or photos optional
D7970	Excision Of Hyperplastic Tissue - Per Arch			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7971	Excision Of Pericoronar Gingiva			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7972	Surgical Reduction Of Fibrous Tuberosity			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7980	Sialolithotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7981	Excision Of Salivary Gland, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7982	Sialodochoplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7983	Closure Of Salivary Fistula			Yes	narrative of medical necessity, x-rays or photos optional
D7990	Emergency Tracheotomy				
D7991	Coronoidectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7996	Implant - Mandible For Augmentation Purposes (Exc Alveolar Ridge)			Yes	narrative of medical necessity, x-rays or photos optional
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)			Yes	narrative of medical necessity, x-rays or photos optional
D7998	Intraoral Placement Of A Fixation Device		Not in conjunction with fracture	Yes	narrative of medical necessity, x-rays or photos optional
D7999	Unspecified Oral Surgery Procedure, By Report			Yes	description of procedure and narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8210	Removable Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8220	Fixed Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development				
D8670	Periodic Orthodontic Treatment Visit		22 services per lifetime; Bill at least 21 days apart		
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0-20		Yes	diagnostic quality photos
D8695	Removal Of Fixed Orthodontic Appliances	0-20		Yes	diagnostic quality photos
D8696	Repair Of Orthodontic Appliance - Maxillary				
D8697	Repair Of Orthodontic Appliance - Mandibular				
D8698	Re-cement Or Re-bond Fixed Retainer - Maxillary				
D8699	Re-cement Or Re-bond Fixed Retainer - Maxillary				
D8699	Re-cement Or Re-bond Fixed Retainer - Mandibular				
D8701	Repair Of Fixed Retainer, Includes Reattachment - Maxillary				
D8702	Repair Of Fixed Retainer, Includes Reattachment - Mandibular				
D8703	Replacement Of Lost Or Broken Retainer - Maxillary				
D8704	Replacement Of Lost Or Broken Retainer - Mandibular				
D8999	Unspecified Orthodontic Procedure, By Report	0-20		Yes	procedure and narrative of medical necessity or Ortho COC requirements. Ortho COC requirements: Original banding information, 5 diagnostic quality ortho photos, # of D8670's needed, narrative optional
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure				
D9120	Fixed Partial Denture Sectioning				
D9212	Trigeminal Division Block Anesthesia				
D9219	Evaluation For Deep Sedation or General Anesthesia			Yes	narrative of medical necessity



**UnitedHealthcare MO Medicaid Dental Benefit**  
**Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents**

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each 15 Minute Increment			Yes	narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment			Yes	narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation				
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician				
D9410	House/Extended Care Facility Call				
D9420	Hospital Or Ambulatory Surgical Center Call				
D9430	Office Visit For Observation (During Regularly Scheduled Hours)				
D9440	Office Visit - After Regularly Scheduled Hours				
D9610	Therapeutic Parenteral Drug, Single Administration			Yes	description of drugs and parental administration
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations			Yes	description of drugs and parental administration
D9910	Application Of Desensitizing Medicament				
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth				
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report			Yes	narrative of medical necessity
D9942	Repair And/Or Reline Occlusal Guard			Yes	narrative of medical necessity
D9944	Occlusal Guard-Hard Appliance, Full Arch			Yes	narrative of medical necessity
D9945	Occlusal Guard-Soft Appliance, Full Arch			Yes	narrative of medical necessity
D9946	Occlusal Guard-Hard Appliance, Partial Arch			Yes	narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter				
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist				
D9999	Unspecified Adjunctive Procedure, By Report			Yes	description of procedure and narrative of medical necessity



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