

UnitedHealthcare Community Plan of Arizona Medicaid Dental Quick Reference Guide

Effective: January 1, 2024

- **Arizona Health Care Cost Containment System (AHCCCS) Complete Care (ACC)**
- **Arizona Long Term Care Elderly Physically Disabled (ALTCS EPD)**
- **Developmental Disabilities (DD)**



UHCdentalproviders.com

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



PTE/Pre-authorizations

UnitedHealthcare Community Plan of Arizona
P.O. Box 2020
Milwaukee, WI 53201



Provider services

Phone: **1-855-812-9208**
8 am - 5 pm CST Monday–Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, peer to peer requests, network participation and contract questions

Member Benefit Appeal for Service Authorization

UnitedHealthcare Community Plan of Arizona
Att: Member Appeals
1 E. Washington St., Suite 900
Phoenix, AZ 85004
Toll-free: **1-800-587-5187**
Expedited Appeals: **1-800-348-4058**



Claims

**UnitedHealthcare
Dental Claims**
UnitedHealthcare
Community Plan of Arizona
P.O. Box 2185
Milwaukee, WI 53201

EDI Payer ID

GP133

Claims Reprocessing & Adjustment Requests

UnitedHealthcare Community
Plan of Arizona
Att: Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

Claim disputes

UnitedHealthcare Dental Claim Disputes
UnitedHealthcare Community Plan of Arizona
Att: Claims Dispute Dept.
1 E. Washington St., Suite 900
Phoenix, AZ 85004

ACC, DD Plans Toll-free: **1-800-445-1638**
ALTCS EPD Plans Toll-free: **1-800-293-3740**

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 provider web portal or contact our provider services toll free number.



**Dental Benefit
Providers®**

Benefit coverage, limitations, and requirements

Send all dental service billing to UnitedHealthcare Dental using the current ADA claim form. Members cannot be billed for AHCCCS-covered services.

Members may request services from care providers AHCCCS does not cover. Those members must sign a release form stating that they understand the service is not covered under AHCCCS. The form must also state that members are responsible for the bill.

| | | |
|---|--|--|
| KEY: | | |
| ALTCSArizona Long Term Care System | CCovered service | |
| ACCAHCCCS Complete Care | NNon-covered service | |
| APDHAffiliated Practice Dental Hygienist | C-PACovered only with Prior Authorization (Emergency treatment does not require prior authorization but is subject to retro-review upon claim submission) | |
| DDDevelopmental Disabilities | | |
| LTCLong Term Care | | |

| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|--|---------------|------------------------------|-----------------------------|---|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D0120 | Periodic oral evaluation - established patient | C | C | N | Two per year. |
| D0140 | Limited oral evaluation - problem focused | C | C | C | Not billable within 3 months of original exam date for the same tooth/quadrant. Clinical notes required with claim submission. |
| D0145 | Oral evaluation for patient under 3 years of age, and counseling with primary caregiver | C (Ages 0-2) | N | N | Once per 6 months. placement required for all patients under age three |
| D0150 | Comprehensive oral evaluation - new or established patient | C | C | N | Once per lifetime per member for each provider group/ treating location (unless member has not had a visit in 36 months). |
| D0160 | Detailed and Extensive Oral Evaluation - Problem Focused, By Report | C | C | N | |
| D0170 | Re-Evaluation - Limited, Problem Focused | N | C | N | |
| D0171 | Re-evaluation - Post-operative Office Visit | C | C | N | |
| D0180 | Comprehensive Periodontal Evaluation - New or Established Patient | C-PA | C-PA | N | Once per year. x-rays, periodontal charting, and clinical notes/narrative required. |
| D0190 | Screening of a Patient (APDH only) | C | C | N | One of (D0190, D0191) per 6 months. Not billable within six months of D0120, D0145, D0150. |
| D0191 | Assessment of a Patient (APDH only) | C | C | C | One of (D0190, D0191) per 6 months. Not billable within six months of D0120, D0145, D0150. *Frequency limitation does not apply to emergencies. |
| D0210 | Intraoral-complete series (including bitewings) | C (Ages 6-20) | C | N | One of (D0210, D0330) per 3 years. |
| D0220 | Intraoral- periapical first radiographic image | C | C | C | |
| D0230 | Intraoral- periapical each additional radiographic image | C | C | C | Maximum allowed per day is 5. |
| D0240 | Intraoral- occlusal radiographic image | C | C | N | Maximum allowed per day is 2. |
| D0250 | Extra-oral- 2D projection radiographic image created using a stationary radiation source, and detector | C-PA | C-PA | N | Once per year. Clinical notes or narrative required. |
| D0251 | Extra-oral Posterior Dental Radiographic Image | C | C | N | Once per year. |
| D0270 | Bitewing- single radiographic image | C | C | C | Once per 6 months. |
| D0272 | Bitewings- two radiographic images | C | C | C | Once per 6 months. |
| D0273 | Bitewings- three radiographic images | C | C | C | Once per 6 months. |
| D0274 | Bitewings- four radiographic images | C | C | C | Once per 6 months. |
| D0277 | Vertical Bitewings – 7 to 8 Radiographic Images | C | C | C | Once per 6 months. |
| D0310 | Sialography | C-PA | C-PA | N | Clinical notes or narrative required. |
| D0320 | Temporomandibular Joint Arthrogram, Including Injection | C-PA | C-PA | N | Clinical notes or narrative required. |
| D0321 | Other Temporomandibular Joint Radiographic Images, By Report | C-PA | C-PA | N | Clinical notes or narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|--|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D0330 | Panoramic radiographic image | C-PA (Ages 1-5) C (Ages 6-20) | C | C | One of (D0210, D0330) per 3 years. Clinical notes or narrative required for ages 1-5. |
| D0340 | 2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D0350 | 2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally | C-PA | C-PA | N | Once per 6 months. Clinical notes or narrative required. |
| D0364 | Cone Beam - Less Than One Whole Jaw | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | C | C | N | |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image | C | C | C | |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | C | C | C | |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only | C | C | C | |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only | C | C | C | |
| D0393 | Treatment Simulation Using 3D Image Volume | C | C | N | |
| D0396 | 3D printing of a 3D dental surface scan | C-PA | C-PA | N | X-rays and clinical notes/narrative required. |
| D0470 | Diagnostic Casts | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D0502 | Other Oral Pathology Procedures, By Report | C-PA | C-PA | N | Clinical notes or narrative required. |
| D0604 | Antigen testing for a public health related pathogen, including coronavirus | C | C | C | |
| D0605 | Antibody testing for a public health related pathogen, including coronavirus | C | C | C | |
| D0701 | Panoramic radiographic image – capture only | C-PA (Ages 1-5) C (Ages 6-20) | C | C | Clinical notes or narrative required for ages 1-5. |
| D0702 | 2-D cephalometric radiographic image – image capture only | C-PA | C-PA | N | Clinical notes or narrative required. |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | C-PA | C-PA | N | Once per 6 months. Clinical notes or narrative required. |
| D0705 | Extra oral posterior dental radiographic image – image capture only | C | C | N | Once per 1 year. |
| D0706 | Intraoral-occlusal radiographic image – image capture only | C | C | N | Maximum allowed per day is 2. |
| D0707 | Intraoral-periapical radiographic image – image capture only | C | C | C | Maximum allowed per day is 5. |
| D0708 | Intraoral-bitewing radiographic image – image capture only | C | C | C | Maximum allowed per day is 4. |
| D0709 | Intraoral- complete series of radiographic images – image capture only | C | C | N | Once per 3 years. |
| D0999 | Unspecified Diagnostic Procedure, By Report | C-PA | C-PA | N | Description of procedure, clinical notes and narrative of medical necessity required. |
| D1110 | Prophylaxis- Adult | C | C | N | Once per 6 months. |
| D1120 | Prophylaxis- Child | C | N | N | Once per 6 months. |
| D1206 | Topical application of fluoride varnish/moderate to high caries risk patients | C | C | N | Up to 4 times per year. *application required for all patients aged 3 and under |
| D1208 | Topical application of fluoride | C | C | N | Up to 4 times per year. |
| D1320 | Tobacco counseling for the control and prevention of oral disease | C | C | N | Once per 6 months. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|--|---|---------------------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use. | C | C | N | Once per 6 months. |
| SEALANTS | | | | | |
| Replacement/repair of sealant within a 3-year period by the same provider group is not billable | | | | | |
| D1351 | Sealant - per tooth | C (Ages 0-15) | N | N | Permanent first and second molars only - teeth #2, 3, 14, 15, 18, 19, 30, 31 Once per 3 years. |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - per tooth | C | C | N | Permanent first and second molars only - teeth #2, 3, 14, 15, 18, 19, 30, 31 Once per 3 years. |
| D1353 | Sealant Repair- per tooth | C (Ages 0-15) | N | N | One of (D1351 or D1353) per provider group, per 3 years. |
| D1354 | Interim Caries Arresting Medicament Application | C | C | N | Application allowed up to 4 times per year. If definitive treatment is completed on tooth within 6 months of SDF, payment for SDF will be netted from restoration/ extraction. |
| D1355 | Caries preventive medicament application – per tooth | C | C | N | Application limited to 5 teeth per day, up to 4 times per year. |
| D1510 | Space maintainer - fixed unilateral - for posterior primary teeth only, which have been lost prematurely | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1516 | Space maintainer - fixed bilateral, maxillary - for posterior primary teeth only, which have been lost prematurely | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1517 | Space maintainer - fixed bilateral, mandibular- for posterior primary teeth only, which have been lost prematurely | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1520 | Space maintainer - removable unilateral - for posterior primary teeth only | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1526 | Space maintainer - removable bilateral, maxillary - for posterior primary teeth only | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1527 | Space maintainer - removable bilateral, mandibular - for posterior primary teeth only | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1551 | Re-cementation of space maintainer - maxillary | C (Ages 0-14) | N | N | Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group. |
| D1552 | Re-cementation of space maintainer - mandibular | C (Ages 0-14) | N | N | Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group. |
| D1553 | Re-cementation of unilateral space maintainer – per quadrant | C (Ages 0-14) | N | N | Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group. |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | C | C | N | Not billable by the same provider group that originally placed the appliance. |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | C | C | N | Not billable by the same provider group that originally placed the appliance. |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | C | C | N | Not billable by the same provider group that originally placed the appliance. |
| D1575 | Distal shoe space maintainer - fixed unilateral | C-PA (Ages 0-14) | N | N | Full arch x-rays and chart notes/narrative required. |
| D1999 | Unspecified Preventive Procedure, By Report | C-PA | C-PA | N | Description of procedure, clinical notes and narrative of medical necessity required. |
| RESTORATIVE | | | | | |
| Multiple surface restorations on a tooth (whether connecting surfaces or not) on the same date of service is reimbursed by the total number of surfaces restored. Replacement of restoration (for the same tooth) within a 2-year period by the same provider group is not billable. | | | | | |
| D2140 | Amalgam - one surface, primary or permanent | C | C | N | |
| D2150 | Amalgam - two surfaces, primary or permanent | C | C | N | |
| D2160 | Amalgam - three surfaces, primary or permanent | C | C | N | |
| D2161 | Amalgam - four surfaces, primary or permanent | C | C | N | |
| D2330 | Resin-based composite - one surface, anterior | C | C | C | |
| D2331 | Resin-based composite - two surfaces, anterior | C | C | C | |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|---|--|-------------------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D2332 | Resin-based composite - three surfaces, anterior | C | C | C | |
| D2335 | Resin-based composite - four or more surfaces (anterior) | C | C | C | |
| D2390 | Resin - based composite crown, anterior | C-PA | C-PA | C | Full arch x-rays and chart notes/narrative required. |
| D2391 | Resin - based composite - one surface, posterior | C | C | N | |
| D2392 | Resin - based composite - two surfaces, posterior | C | C | N | |
| D2393 | Resin - based composite - three surfaces, posterior | C | C | N | |
| D2394 | Resin - based composite - four or more surfaces, posterior | C | C | N | |
| CROWNS | | | | | |
| Replacement of crowns (for the same tooth) within a 5-year period by the same provider group is not billable. | | | | | |
| D2740 | Crown - porcelain/ceramic substrate | C-PA (Ages18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2750 | Crown - porcelain fused to high noble metal | C-PA (Ages 18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2751 | Crown - porcelain fused to predominantly base metal | C-PA (Ages 18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2752 | Crown - porcelain fused to noble metal | C-PA (Ages 18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | C-PA (Ages 18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2790 | Crown - full cast high noble metal | C-PA (Ages18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2791 | Crown - full cast predominantly base metal | C-PA (Ages18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2792 | Crown - Full cast noble metal | C-PA (Ages18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2794 | Crown - titanium | C-PA (Ages18-20) | C-PA | C | Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required. |
| D2910 | Re-cement inlay, onlay, or partial coverage restoration | C | C | C | x-ray(s) required with claim. |
| D2915 | Re-cement cast or prefabricated post and core | C | C | C | x-ray(s) required with claim. |
| D2920 | Re-cement crown | C | C | C | Not billable within 6 months of delivery date for the same tooth, by the same provider group. |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | C | C | N | |
| D2928 | Prefabricated porcelain/ceramic crown-permanent tooth | C-PA | C-PA | C | |
| D2929 | Prefabricated Porcelain/Ceramic Crown - Primary Tooth | C-PA | C-PA | N | Primary anterior teeth only. Periapical x-ray showing tooth crown and root structure required. |
| STAINLESS STEEL CROWNS | | | | | |
| Replacement of SSCs (for the same tooth) within a 3-year period by the same provider group is not billable. | | | | | |
| D2930 | Prefabricated stainless-steel crown - primary tooth | C-PA | C-PA | N | Primary posterior teeth only. Periapical x-ray showing tooth crown and root structure required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|--|--|------------------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D2931 | Prefabricated stainless-steel crown - permanent tooth | C-PA | C-PA | C | Permanent posterior teeth only. Periapical x-ray showing tooth crown and root structure required. |
| D2932 | Prefabricated resin crown | C-PA | C-PA | C | Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required. |
| D2933 | Prefabricated stainless-steel crown with resin window | C-PA | C-PA | C | Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required. |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | C-PA | C-PA | N | Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required. |
| D2940 | Protective restoration - sedative fillings | C-PA | C-PA | C | Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Periapical x-ray and clinical notes/narrative. |
| D2941 | Interim therapeutic restoration primary dentition | C-PA | C-PA | N | Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Periapical x-ray and clinical notes/narrative required. |
| D2950 | Core build-up, including any pins | C-PA | C-PA | C | Approval of root canal treatment or post-op periapical x-ray of completed root canal therapy required. |
| D2951 | Pin retention - per tooth, in addition to restoration | C-PA | C-PA | N | Post-op periapical x-ray of completed root canal therapy required. |
| D2952 | Post and core in addition to crown | C-PA | C-PA | C | Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required. |
| ROOT CANALS | | | | | |
| Retreatment of RCTs (for the same tooth) within one year by the same provider group is not billable. | | | | | |
| D2954 | Prefabricated post and core in addition to crown | C-PA | C-PA | C | Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required. |
| D2976 | Band stabilization – per tooth | C-PA | C-PA | N | Once per tooth per year. |
| D2999 | Unspecified Restorative Procedure, By Report | C-PA | C-PA | N | Description of procedure, x-rays, clinical notes and narrative of medical necessity required. |
| D3110 | Pulp cap - direct (excluding final restoration) | C | C | C | Permanent teeth only. |
| D3120 | Pulp cap -indirect (excluding final restoration) | C | C | C | Permanent teeth only. |
| D3220 | Therapeutic pulpotomy (excluding final restoration), primary and permanent teeth (not to be used for apexogenesis) | C-PA | C-PA | C | Not covered for anterior primary teeth for patients over age 4. Periapical x-ray showing tooth coronal and root structure required. |
| D3221 | Pulpal Debridement, Primary and Permanent Tooth | C | C | C | |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | C-PA (Ages 5-20) | C-PA | N | Periapical x-ray of tooth showing coronal and root surfaces, and clinical notes/narrative required. |
| D3230 | Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding restoration) | C-PA (Ages 0-12) | N | N | Not covered for anterior primary teeth for patients over age 4. Periapical x-ray showing tooth coronal and root structure required. |
| D3240 | Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding restoration) | C-PA (Ages 0-14) | N | N | Periapical x-ray showing tooth coronal and root structure required. |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3331 | Treatment of root canal obstruction; non-surgical access | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3332 | Incomplete endodontic therapy; inoperable or fractured | C | C | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, clinical notes/narrative required for payment of claim. |
| D3333 | Internal Root Repair of Perforation Defects | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3346 | Retreatment of previous root canal therapy - anterior | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3347 | Retreatment of previous root canal therapy - bicuspid | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3348 | Retreatment of previous root canal therapy - molar | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations root resorption, etc.) | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3352 | Apexification/recalcification - interim medication (apical closure/calcific repair of perforations root resorption, etc.) | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy) | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes narrative required with authorization request. Periapical of completed root canal required for payment of claim. |
| D3410 | Apicoectomy/periradicular surgery - anterior | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3425 | Apicoectomy/periradicular surgery molar- (first root) | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3426 | Apicoectomy/ periradicular surgery - each additional root | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3430 | Retrograde filling - per root | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3450 | Root amputation - per root | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D3471 | Surgical repair of root resorption - anterior | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3472 | Surgical repair of root resorption - premolar | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3473 | Surgical repair of root resorption - molar | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3920 | Hemisection (including any root removal), not including root canal therapy | C-PA | C-PA | N | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3921 | Decoronation or submergence of an erupted tooth | C-PA | C-PA | C | Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D3999 | Unspecified Endodontic Procedure, By Report | C-PA | C-PA | N | Permanent teeth only. Description of procedure, periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required. |
| D4210 | Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaced per quadrant | C-PA | C-PA | N | Full mouth x-rays, and clinical notes/narrative required. |
| D4211 | Gingivectomy or gingivoplasty, one to three teeth, per quadrant | C-PA | C-PA | N | Full mouth x-rays, and clinical notes/narrative required. |
| D4240 | Gingival flap procedure, including root planing, four or more contiguous teeth or bounded spaces per quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes/narrative required. |
| D4241 | Gingival flap procedure, including root planning, one to three teeth per quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes/narrative required. |
| D4249 | Clinical crown lengthening - hard tissue | C-PA | C-PA | N | Must be done at least 6 weeks prior to restorative treatment. Full mouth x-rays, and clinical notes/narrative required. |
| D4260 | Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes or narrative required. |
| D4261 | Osseous surgery (including flap entry and closure), one to three teeth, per quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes/narrative required. |
| D4263 | Bone replacement graft - first site in quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |
| D4264 | Bone replacement graft - each additional site in quadrant | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |
| D4266 | Guided tissue regeneration - resorbable barrier, per site, per tooth | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |
| D4267 | Guided tissue regeneration - resorbable barrier, per site, per tooth | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |
| D4270 | Pedicle soft tissue graft procedure | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes/narrative required. |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position | C-PA | C-PA | N | Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|--|--|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D4276 | Combined connective tissue and double pedicle graft, per tooth | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D4286 | removal of non-resorbable barrier | C-PA | C-PA | C | Clinical notes or narrative required. |
| D4322 | Splint-intra-coronal; natural teeth or prosthetic crowns | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D4323 | Splint-extra-coronal; natural teeth or prosthetic crowns | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D4341 | Periodontal scaling and root planning, four or more contiguous teeth or bounded teeth spaces per quadrant | C-PA | C-PA | N | x-rays, periodontal charting, and clinical notes/narrative required. |
| D4342 | Periodontal scaling and root planning - one to three teeth, per quad | C-PA | C-PA | N | x-rays, periodontal charting, and clinical notes/narrative required. |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation | C-PA | C-PA | N | Full mouth x-rays, periodontal charting, and clinical notes/narrative required. |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | C-PA | C-PA | N | Pre-operative, full mouth x-rays or photos required. |
| D4910 | Periodontal Maintenance | C | C | N | Periodontal diagnosis with history of periodontal scaling required. |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D4999 | Unspecified Periodontal Procedure, By Report | C-PA | C-PA | N | Description of procedure, x-rays, periodontal charting, and clinical notes/narrative required. |
| Prosthodontics (when medically necessary) Allowance for partial and complete dentures include adjustments within six months post-delivery. All partial allowance includes conventional clasps, rests, and teeth. Partial and complete dentures require submission of clinical notes, narrative, and full mouth x-rays to establish medical necessity. Replacement of dentures within three years by the same provider group is not billable. | | | | | |
| D5110 | Complete denture - maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5120 | Complete denture - mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5130 | Immediate denture - maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5140 | Immediate denture - mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5211 | Maxillary partial denture - resin base | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5212 | Mandibular partial denture - resin base | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5213 | Maxillary partial denture-cast metal framework with resin denture bases | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5214 | Mandibular partial denture-cast metal framework with resin denture bases | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5222 | Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5227 | Immediate maxillary partial denture | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|--|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D5228 | Immediate mandibular partial denture | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5282 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5283 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5284 | Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5286 | Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D5410 | Adjust complete denture - maxillary | C | C | N | |
| D5411 | Adjust complete denture - mandibular | C | C | N | |
| D5421 | Adjust partial denture - maxillary | C | C | N | |
| D5422 | Adjust partial denture - mandibular | C | C | N | |
| D5511 | Repair broken complete denture base, mandibular | C | C | N | |
| D5512 | Repair broken complete denture base, maxillary | C | C | N | |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | C | C | N | |
| D5611 | Repair resin partial denture base, mandibular | C | C | N | |
| D5612 | Repair resin partial denture base, maxillary | C | C | N | |
| D5621 | Repair cast partial framework, mandibular | C | C | N | |
| D5622 | Repair cast partial framework, maxillary | C | C | N | |
| D5630 | Repair or replace broken clasp - partial denture | C | C | N | |
| D5640 | Replace broken teeth (per tooth) - partial denture | C | C | N | |
| D5650 | Add tooth to existing partial denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5660 | Add clasp to existing partial denture - per tooth | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5710 | Rebase complete maxillary denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5711 | Rebase complete mandibular denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5720 | Rebase maxillary partial denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5721 | Rebase mandibular partial denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5730 | Reline complete maxillary denture (chair side) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5731 | Reline complete mandibular denture (chair side) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5740 | Reline maxillary partial denture (chair side) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5741 | Reline mandibular partial denture (chair side) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5750 | Reline complete maxillary denture (lab) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5751 | Reline complete mandibular denture (lab) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5760 | Reline maxillary partial denture (lab) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5761 | Reline mandibular partial denture (lab) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5765 | Soft liner for complete or partial removable denture | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5820 | Interim partial denture (maxillary) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5821 | Interim partial denture (mandibular) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5850 | Tissue conditioning (maxillary) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5851 | Tissue conditioning (mandibular) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5876 | Add metal substructure to acrylic full denture (per arch) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5899 | Unspecified removable prosthodontic procedure, by report | C-PA | C-PA | N | Clinical notes or narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|-------------------|------------------------------|-----------------------------|---|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D5911 | Facial moulage (sectional) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5912 | Facial moulage (complete) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5913 | Nasal prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5914 | Auricular prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5915 | Orbital prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5916 | Ocular prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5919 | Facial prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5922 | Nasal septal prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5923 | Ocular prosthesis, interim | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5924 | Cranial prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5925 | Facial augmentation implant prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5926 | Nasal prosthesis, replacement | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5927 | Auricular prosthesis, replacement | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5928 | Orbital prosthesis, replacement | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5929 | Facial prosthesis, replacement | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5931 | Obturator prosthesis, surgical | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5932 | Obturator prosthesis, definitive | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5933 | Obturator prosthesis, modification | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5934 | Mandibular resection of prosthesis with guided flange | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5935 | Mandibular resection prosthesis without guide flange | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5936 | Obturator prosthesis, interim | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5937 | Trismus appliance (not for TMD treatment) | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5951 | Feeding Aid | C-PA (Ages 0-2) | C-PA | N | Clinical notes or narrative required. |
| D5952 | Speech aid prosthesis, pediatric | C-PA (Ages 0-16) | C-PA | N | Clinical notes or narrative required. |
| D5953 | Speech aid prosthesis, adult | C-PA (Ages 16-20) | C-PA | N | Clinical notes or narrative required. |
| D5954 | Palatal augmentation prosthesis | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5955 | Palatal lift prosthesis, definitive | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5958 | Palatal lift prosthesis, interim | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5959 | Palatal lift prosthesis, modification | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5960 | Speech aid prosthesis, modification | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5982 | Surgical stent | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5983 | Radiation Carrier | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5984 | Radiation shield | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5985 | Radiation cone locator | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5986 | Fluoride Gel Carrier | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5987 | Commissure splint | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5988 | Surgical splint | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5991 | Vesiculobullous disease medicament carrier | C-PA | C-PA | N | Once per month. Clinical notes or narrative required. |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | C-PA | C-PA | N | Clinical notes or narrative required. |
| D5999 | Unspecified maxillofacial prosthesis, by report | C-PA | C-PA | N | Clinical notes or narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|---|--|------------------|------------------------------|-----------------------------|---|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. Not performed in conjunction with D1110 or D4910 | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D6089 | Accessing and retorquing loose implant screw – per screw | C-PA | C-PA | C | Once per tooth per year. |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | C-PA | C-PA | C | Clinical notes or narrative required. |
| D6999 | Unspecified fixed prosthodontic procedure, by report | C-PA (Ages18-20) | C-PA | N | Description of procedure, full mouth x-rays, and clinical notes/narrative required. |
| ORAL AND MAXILLOFACIAL SURGERY (SYMPTOMATIC TEETH ONLY) Extractions of naturally exfoliating teeth are not a covered benefit Extractions will not be billable within 6 months of restorative treatment Extractions performed on an emergency basis will receive retrospective review. Clinical notes, narrative, and x-rays required with claim. Extractions are covered ONLY if: 1. tooth is symptomatic and/or exhibits pathology 2. extraction(s) is NOT for orthodontic purposes | | | | | |
| D7111 | Extraction, coronal remnants - primary tooth | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7140 | Extraction - single tooth - erupted tooth or exposed root (elevation and/or forceps removal) Includes routine removal of tooth structure, minor smoothing of socket bone, and closure as necessary | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7210 | Surgical removal of erupted tooth | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7220 | Surgical removal of impacted tooth - soft tissue | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7230 | Surgical removal of impacted tooth - partially bony | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7240 | Surgical removal of impacted tooth - completely bony | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7241 | Removal of impacted tooth completely bony, with unusual surgical complications, by report | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7251 | Coronectomy - intentional partial tooth removal | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7260 | Oral antral fistula closure | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7261 | Primary closure of a sinus perforation | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | C | C | C | Periapical x-ray and clinical notes/narrative with claim. |
| D7280 | Exposure of an unerupted tooth | C-PA | C-PA | N | Periapical x-ray and clinical notes/narrative required. |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | C-PA | C-PA | N | Periapical x-ray and clinical notes/narrative required. |
| D7283 | Placement of device to facilitate eruption of impacted tooth | C-PA | C-PA | N | Periapical x-ray and clinical notes/narrative required. |
| D7284 | Excisional biopsy of minor salivary glands | C-PA | C-PA | C | Clinical notes or narrative required. |
| D7285 | Biopsy of oral tissue - hard (bone, teeth) | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7286 | Biopsy of oral tissue - soft (all others) | C-PA | C-PA | C | Periapical x-ray and clinical notes/narrative required. |
| D7292 | Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal | C-PA | C-PA | N | Clinical notes or narrative required. |
| D7293 | Surgical placement of temporary anchorage device requiring flap; includes device removal | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7294 | Surgical placement of temporary anchorage device without flap; includes device removal | C-PA | C-PA | N | x-ray and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D7296 | Corticotomy- one to three teeth/tooth spaces, per quadrant | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7297 | Corticotomy- four or more teeth/tooth spaces, per quadrant | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7298 | Removal of temporary anchorage device (screw retained plate), requiring flap | C-PA | C-PA | N | Clinical notes or narrative required. |
| D7299 | Removal of temporary anchorage device, requiring flap | C-PA | C-PA | N | Clinical notes or narrative required. |
| D7300 | Removal of temporary anchorage device without flap | C-PA | C-PA | N | Clinical notes or narrative required. |
| D7310 | Alveoloplasty in conjunction with extractions - per quadrant | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7311 | Alveoloplasty in conjunction with extractions- 1-3 teeth | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7320 | Alveoloplasty not in conjunction with extractions - per quadrant | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7321 | Alveoloplasty in conjunction w/o extractions- 1-3 teeth | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7410 | Excision of benign lesion up to 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7411 | Excision of benign lesion greater than 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7412 | Excision of benign lesion, complicated | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7413 | Excision of malignant lesion up to 1.25 cm | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7414 | Excision of malignant lesion greater than 1.25 cm | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7415 | Excision of malignant lesion, complicated | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7440 | Excision of malignant tumor-lesion diameter up to 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7441 | Excision of malignant tumor-lesion diameter greater than 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7450 | Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7451 | Removal of benign odontogenic cyst or tumor, lesion diameter over 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7460 | Removal of benign nonodontogenic cyst or tumor, lesion diameter of to 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7461 | Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7465 | Destruction of lesion(s) by physical or chemical methods, by report | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7471 | Removal of lateral exostosis, (maxilla or mandible) | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7472 | Removal of torus palatinus | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7473 | Removal of torus mandibularis | C-PA | C-PA | N | x-rays or photos, and clinical notes/narrative required. |
| D7485 | Surgical reduction of osseous tuberosity | C-PA | C-PA | N | x-rays or photos, and clinical notes/narrative required. |
| D7490 | Radical resection of mandible with bone graft | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7509 | Marsupialization of odontogenic cyst | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7510 | Incision and drainage of abscess-intraoral soft tissue | C | C | C | x-rays (when applicable) and clinical notes required with claim. |
| D7511 | Incision and drainage of abscess-intraoral soft tissue-complicated | C | C | C | x-rays (when applicable) and clinical notes required with claim. |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | C | C | C | x-rays (when applicable) and clinical notes required with claim. |
| D7521 | Incision and drainage of abscess – extraoral soft tissue-complicated | C | C | C | x-rays (when applicable) and clinical notes required with claim. |
| D7530 | Removal of foreign body from mucosa | C | C | C | x-rays (when applicable) and clinical notes required with claim. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|--|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D7540 | Removal of reaction producing foreign bodies | C | C | C | x-rays (when applicable) and clinical notes required with claim. |
| D7550 | Partial osteoectomy/sequestrectomy for removal of non-vital bone | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7610 | Maxilla-open reduction (teeth immobilized) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7620 | Maxilla-closed reduction (teeth immobilized) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7630 | Mandible-open reduction (teeth immobilized) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7640 | Mandible-closed reduction (teeth immobilized) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7650 | Malar and/or zygomatic arch open reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7660 | Malar and/or zygomatic arch closed reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7670 | Alveolus-closed reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7671 | Alveolus-open reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7680 | Facial bones-complicated reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7710 | Maxilla-open reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7720 | Maxilla-closed reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7730 | Mandible-open reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7740 | Mandible-closed reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7750 | Malar and/or zygomatic arch-open reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7760 | Malar and/or zygomatic arch-closed reduction | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7770 | Alveolus-open reduction stabilization of teeth | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7771 | Alveolus-closed reduction stabilization of teeth | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7780 | Facial bones-complicated reduction with fixation | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7810 | Open reduction of dislocation | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7820 | Closed reduction of dislocation | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7830 | Manipulation under anesthesia | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7840 | Condylectomy | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7850 | Surgical discectomy; with/without implant | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7852 | Disc repair | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7854 | Synovectomy | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7856 | Myotomy | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7858 | Joint reconstruction | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7860 | Arthrotomy | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7865 | Arthroplasty | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7870 | Arthrocentesis | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7871 | Non-arthroscopic lysis and lavage | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7872 | Arthroscopy-diagnosis, with or without biopsy | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7873 | Arthroscopy-surgical: lavage and lysis of adhesions | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7874 | Arthroscopy-surgical: disc repositioning and stabilization | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7875 | Arthroscopy-surgical: synovectomy | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7876 | Arthroscopy-surgical: discectomy | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7877 | Arthroscopy-surgical: debridement | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7880 | Occlusal orthotic appliance | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7899 | Unspecified TMD therapy, by report | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7910 | Suture of recent small wounds up to 5cm | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|--|----------|------------------------------|-----------------------------|---|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D7911 | Complicated suture- up to 5 cm | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7912 | Complicated suture-greater than 5 cm | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7920 | Skin graft (identify defect covered, location, and type of graft) | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7939 | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | C-PA | C-PA | C | Appropriate x-rays and clinical notes/narrative required. |
| D7940 | Osteoplasty - for orthognathic deformities | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7941 | Osteotomy - mandibular rami | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7944 | Osteotomy - segmented or subapical | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7945 | Osteotomy - body of mandible | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D7946 | LeFort I (maxilla - total) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7947 | LeFort I (maxilla - segmented) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7948 | Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7949 | Lefort II or Lefort III - with bone graft | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7950 | Asseous, osteoperisteal, or cartilage graft of the mandible or maxilla | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7953 | Bone replacement graft for ridge preservation-per site | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7957 | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | C-PA | C-PA | C | x-rays and clinical notes/narrative required. |
| D7961 | Buccal/labial frenectomy (frenulectomy) | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7962 | Lingual frenectomy (frenulectomy) | C-PA | C-PA | N | x-rays and clinical notes/narrative required. |
| D7963 | Frenuloplasty | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7970 | Excision of hyperplastic tissue-per arch | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7971 | Excision of pericoronal gingiva | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7972 | Surgical reduction of fibrous tuberosity | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7979 | Non-surgical Sialolithotomy | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7980 | Sialolithotomy | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7981 | Excision of salivary gland, by report | C-PA | C-PA | C | Clinical notes or narrative required. |
| D7982 | Sialodochoplasty | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7983 | Closure of salivary fistula | C-PA | C-PA | C | Full mouth x-rays and clinical notes/narrative required. |
| D7990 | Emergency tracheotomy | C | C | N | Full mouth x-rays and clinical notes/narrative required. |
| D7991 | Coronoidectomy | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7995 | Synthetic graft-mandible or facial bones, by report | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7996 | Implant-mandible for augmentation purposes, by report | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7997 | Appliance removal (not by dentist who placed appliance) | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D7999 | Unspecified oral surgery procedure, by report | C-PA | C-PA | C | Description of procedure, full mouth x-rays, and clinical notes/narrative required. |



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|--|--|----------|------------------------------|-----------------------------|--|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| Orthodontia Braces for cosmetic purposes are not covered. Orthodontic coverage is only allowed when medically necessary and determined to be the primary treatment of choice or an essential part of the overall treatment plan designed by the Primary Care Physician (PCP). The Member's PCP needs to prescribe the braces in conjunction with the help of a dentist for the treatment of a severe condition. | | | | | |
| D8010 | Limited orthodontic treatment of the primary dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8020 | Limited orthodontic treatment of the transitional dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8030 | Limited orthodontic treatment of the adolescent dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8040 | Limited orthodontic treatment of the adult dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | C-PA | C-PA | N | Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required. |
| D8210 | Removable appliance therapy | C-PA | C-PA | N | Full mouth x-rays, and clinical notes/narrative required. |
| D8220 | Fixed appliance therapy | C-PA | C-PA | N | Full mouth x-rays, and clinical notes/narrative required. |
| D8660 | Pre-orthodontic treatment visit | C-PA | C-PA | N | Full mouth x-rays, and clinical notes/narrative required. |
| D8670 | Periodic orthodontic treatment visit | C | C | N | Once per 1 month. Clinical notes. History of banding on file required. |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainers(s)) | C-PA | C-PA | N | Once per lifetime. Full mouth x-rays and clinical notes/narrative required. |
| D8695 | Removal of fixed orthodontic appliance(s) – for reasons other than completion of treatment | C-PA | C-PA | N | Clinical notes or narrative required. |
| D8696 | Repair of orthodontic appliance - maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8697 | Repair of orthodontic appliance - mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8698 | Re-bonding or re-cementing of fixed retainers - maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8699 | Re-bonding or re-cementing of fixed retainers - mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8701 | Repair of fixed retainers, includes reattachment - maxillary | C-PA | C-PA | N | Clinical notes or narrative required. |
| D8702 | Repair of fixed retainers, includes reattachment - mandibular | C-PA | C-PA | N | Clinical notes or narrative required. |
| D8703 | Replacement of lost or broken retainer - maxillary | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8704 | Replacement of lost or broken retainer - mandibular | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |
| D8999 | Unspecified orthodontic procedure, by report | C-PA | C-PA | N | Description of procedure, full mouth x-rays, clinical notes/narrative, and letter from PCP required. |
| D9110 | Palliative(emergency) treatment of dental pain-minor procedure | C | C | N | x-rays and clinical notes/narrative required. Not a covered procedure if other procedures are reported on same date of service, and same tooth is treated. |
| D9120 | Fixed partial denture sectioning | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. |

ANESTHESIA SERVICES

Treating Dentist must indicate on prior authorization if anesthesia services are to be performed by an in-network Anesthesiologist. Prior-authorization request for general anesthesia must include documentation to warrant medical necessity of general anesthesia. Upon approval, the treating dentist will receive an authorization notification. Once treatment has been completed, the Anesthesiologist will submit for the GA performed, including a narrative and anesthesia log for retrospective review of claim. If treatment changes are identified during service delivery, you may submit the services for retrospective review through the standard claims process. Claims must be submitted to the standard claims address, along with supporting documentation.



| CDT Code | Description | Age 0-20 | Age 21+ | | Frequency, limitations, and document requirements*** |
|----------|---|------------------------------------|------------------------------|-----------------------------|---|
| | | | ALTCS (DD & LTC) \$1000/year | Adult Emergency \$1000/year | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | C-PA | C-PA | N | x-rays and clinical notes/narrative required. Not a covered procedure if other procedures are reported on same date of service, and same area is treated. |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | C-PA | C-PA | C | Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 1. |
| D9223 | Deep sedation/general anesthesia - each subsequent 15-minute increment | C-PA | C-PA | C | Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 11. |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | C (Ages 0-10) C-PA (Ages 11-20) | C-PA | C | Clinical notes/narrative & medical history must be included with authorization request. |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | C-PA | C-PA | C | Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 1. |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment | C-PA | C-PA | C | Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 11. |
| D9248 | Non-intravenous conscious sedation | C-PA | C-PA | C | Clinical notes/narrative & medical history must be included with authorization request. |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | C | C | N | Clinical notes or narrative required. |
| D9410 | House/extended care facility call | C-PA | C-PA | N | Clinical notes/narrative and medical history required. |
| D9420 | Professional visit, hospital call | C-PA | C-PA | N | Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. |
| D9430 | office visit for observation (during regularly scheduled hours) no other services performed | C | C | N | Applicable x-rays and clinical notes/narrative required. |
| D9440 | Office visit - after regularly scheduled hours | C | C | N | Applicable x-rays and clinical notes/narrative required. |
| D9610 | Therapeutic parenteral drug, single administration | C-PA | C-PA | N | Applicable x-rays and clinical notes/narrative required. |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | C-PA | C-PA | N | Applicable x-rays and clinical notes/narrative required. |
| D9930 | Treatment of complications (postsurgical) - unusual circumstances, by report | C | C | N | Applicable x-rays and clinical notes/narrative required. |
| D9938 | Fabrication of a custom removable clear plastic temporary aesthetic appliance | C-PA | C-PA | N | Appropriate x-rays and clinical notes/narrative required. |
| D9944 | Occlusal guard – Hard appliance, full arch | C-PA | C-PA | N | Applicable x-rays and clinical notes/narrative required. |
| D9945 | Occlusal guard – Soft appliance, full arch | C-PA | C-PA | N | Applicable x-rays and clinical notes/narrative required. |
| D9946 | Occlusal guard – Hard appliance, partial arch | C-PA | C-PA | N | Applicable x-rays and clinical notes/narrative required. |
| D9951 | Occlusal adjustment-limited | C-PA | C-PA | N | Full mouth x-rays and clinical notes/narrative required. Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease. |
| D9995 | Teledentistry – synchronous; real-time encounter | C | C | C | Indicates the use of teledentistry only. Does not include a reimbursement fee. |
| D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | C | C | C | Indicates the use of teledentistry only. Does not include a reimbursement fee. |
| D9999 | Unspecified adjunctive procedure, by report | C-PA | C-PA | N | Description of procedure, periapical x-ray and clinical notes/narrative required. |

*** For the convenience of our members and to not pose a barrier to care, in the event all required documentation listed cannot be acquired or is not submitted, we will do our best to review for medical necessity of the requested services based on what is received. However, please be aware that this may cause delay in approvals or may result in a denial if adequate review cannot be performed.





**Dental Benefit
Providers®**