

UnitedHealthcare Community Plan of Arizona Medicaid Dental Quick Reference Guide

Effective: October 1, 2021

- **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 Web Portal 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**

7:45 a.m. – 4:30 p.m. HST Monday–Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations,
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.



United
Healthcare

**Dental Benefit
Providers®**

Benefit coverage, limitations, and requirements

KEY:		CCovered service
ALTCSArizona Long Term Care System		NNon-covered service
ACCAHCCCS Complete Care		C-PACovered only with Prior Authorization (Emergency treatment does not require prior authorization but is subject to retro-review upon claim submission)
APDHAffiliated Practice Dental Hygienist		
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	Once per 6 months.
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. *concurrent fluoride varnish 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	
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 12 months. 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 36 months.
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 12 months. Clinical notes or narrative required.
D0251	Extra-oral Posterior Dental Radiographic Image	C	C	N	Once per 12 months.
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.
D0330	Panoramic radiographic image	C-PA (Ages 1-5) C (Ages 6-20)	C	C	One of (D0210, D0330) per 36 months. 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.
D0393	Treatment Simulation Using 3D Image Volume	C	C	N	



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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 12 months.
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 36 months.
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	Once per 6 months. *application required for all patients aged 3 and under
D1208	Topical application of fluoride	C	C	N	Once per 6 months.
D1320	Tobacco counseling for the control and prevention of oral disease	C	C	N	Once per 6 months.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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	
D2332	Resin-based composite - three surfaces, anterior	C	C	C	
D2335	Resin-based composite - four or more surfaces or involving incisal angel (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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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	Once per 24 months, per tooth.
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.
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-PA	C-PA	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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
D3351	Apexification/recalcification - initial visit (apical closure/calccific 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/calccific 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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.
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	Coronal remnants - deciduous tooth - erupted tooth or exposed root elevation	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-PA	C-PA	C	Periapical x-ray and clinical notes/narrative with claim.
D7280	Surgical access 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.
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.
D7296	Corticotomy- one to three teeth/tooth spaces, per quadrant	C-PA	C-PA	N	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	
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.
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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, osteoperistean, 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.
D7961	Buccal/labial frenectomy (frenulectomy)	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7962	Lingual frenectomy (frenulectomy)	C-PA	C-PA	N	Full mouth 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	Full mouth x-rays and clinical notes/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-PA	C-PA	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.
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.
D8050	Interceptive 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.
D8060	Interceptive 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.
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.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
D8690	Orthodontic treatment (alternative billing to a contract fee)	C-PA	C-PA	N	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP 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.					
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-PA	C-PA	C	Clinical notes/narrative & medical history must be included with authorization request.



CDT Code	Description	Age 0-20	Age 21+		Frequency, limitations, and document requirements***
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	
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.
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.

