



UnitedHealthcare[®]

Community Plan

UnitedHealthcare Community Plan DENTAL PROVIDER BENEFITS MATRIX for APIPA members

Dental services are limited to members under age 21 except for a limited set of services as indicated on the matrix. Transplant recipients may receive some additional dental treatment in preparation for a transplant. All pre-transplant services must be preauthorized.

Pre-Auths: UnitedHealthcare[®]
Community Plan
P.O. Box 2020
Milwaukee, WI 53201

Claims AND Retro-Review:

UnitedHealthcare[®]
Community Plan
P.O. Box 2185
Milwaukee, WI 53201

Provider Toll Free Number: 855-812-9208

To review Claims, Eligibility, History, Authorizations & to print a copy of the Dental Matrix, please visit www.uhcproviders.com

UNITEDHEALTHCARE COMMUNITY PLAN PROVIDER BENEFITS MATRIX FOR APIPA MEMBERS

ADA Code	DESCRIPTION	COVERAGE (AGE 1-20 YEARS)	REQUIREMENTS (AGE 1-20 YRS)	COVERAGE (AGE 21 AND OLDER)	REQUIREMENTS (AGE 21 AND OLDER)
<p>It is recommended that practices check for updates to this matrix at least every 6 months as changes may occur. At a minimum this matrix is updated each October 1st. The latest version of this matrix can be found online at www.uhcproviders.com.</p>					
<p>* Replacement of restorations and other services within a 2 year period at the same or an associate office is not billable * Post-op treatment for services rendered within 3 months of original service at the same office are not billable</p>					
D0120	Periodic oral evaluation.	C	Benefit once every 6 months	N	
D0140	Limited oral evaluation - problem focused - Emergency Exam.	C-PA	Clinical Notes Required EMERGENCY EXAMS WITHIN 3 MONTHS FOR SAME TOOTH/QUADRANT OF ORIGINAL EXAM ARE NOT BILLABLE	C-PA	Clinical Notes Required
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	C		N	
D0150	Comprehensive oral evaluation	C		N	
<p>When the fees for any combination of intraoral and/or Panoramic x-rays exceeds the fee for a FMX series, APIPA will consider the films to be the equivalent of a complete series and will pay at the contracted D0210 fee.</p>					
D0210	FMX, including bitewings	C (age 6-20)	Covered ages 6 -20, once every 3 years	N	
D0220	Periapical radiograph - first film	C		C	Clinical Notes Required
D0230	Additional periapical film, each	C		C	Clinical Notes Required
D0240	Intraoral, occlusal film	C		C	Clinical Notes Required
D0250	Extraoral, first film	C		C	
D0260	Extraoral, each additional film	C		C	
<p>Panoramic & bitewing films will only be considered for coverage for Members 21 and older - If clinically necessary and submitted with CLINICAL NOTES or for Trauma.</p>					
D0270	Bitewing, single film	C		N	
D0272	Bitewings - two films	C (age 2-20)	Covered age 2 years old and older. Benefit once every 6 months	N	

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D0273	Bitewings - three films	C (age 10-20)	Covered for ages 10 years old and older. Benefit once every 6 months.	N	
D0274	Bitewings - four films	C (age 10-20)	Covered for ages 10 years old and older. Benefit once every 6 months.	N	
D0330	Panoramic film Covered for ages 5 years old and older.	C (age 5-20)	Narrative	C-PA	Narrative describing need for panx vs. periapical x-ray
D0340	Cephalometric film	N		N	
D0350	Oral/facial images	N		N	
D0470	Diagnostic casts	N		N	
D0502	Other oral pathology procedures, by report	N		N	
D1110	Prophylaxis - age 14+	C	Benefit once every 6 months	N	
D1120	Prophylaxis - Up to age 13	C	Benefit once every 6 months	N	
D1203	Topical fluoride - Up to age 13	C	Benefit once every 6 months	N	
D1204	Topical application of fluoride (prophylaxis not included), ages 14+	C	Benefit once every 6 months	N	
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	C	Benefit once every 6 months	N	
Sealant Coverage is limited to treatment of the occlusal surface of permanent first and second molars for ages 3-15 ONLY. Benefit is once every 2 years (Teeth: #2, #3, #14,#15 #18, #19, #30, #31)					
D1351	Sealant - per tooth	C (age 3 -15)	Covered for ages 3 -15 years old	N	
D1510-1525	Coverage is limited to space maintenance for unerupted teeth and following premature loss of primary molars. Allowance includes all adjustments within 6 months after placement				
D1510	Space maintainer - fixed - unilateral	C-PA	Full arch X-Rays & Narrative	N	
D1515	Space maintainer - fixed - bilateral	C-PA	Full arch X-Rays & Narrative	N	
D1520	Space maintainer - removable - unilateral	C-PA	Full arch X-Rays & Narrative	N	
D1525	Space maintainer - removable - bilateral	C-PA	Full arch X-Rays & Narrative	N	
D1550	Recent space maintainer	C		N	
D1555	Removal of fixed space maintainer	C		N	
*** ANTERIOR restorations on primary teeth require PA for ages 6 and up. POSTERIOR restorations on primary teeth require PA for ages 9 and up.					
D2140	Amalgam - one surface	C		N	
D2150	Amalgam - two surfaces	C		N	
D2160	Amalgam - three surfaces	C		N	
D2161	Amalgam - four or more surfaces	C		N	
D2330	Resin - one surface, anterior	C		N	

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D2331	Resin - two surfaces, anterior	C		N	
D2332	Resin - three surfaces, anterior	C		N	
D2335	Resin - four or more surfaces or involving incisal angle, anterior	C		N	
D2390	Resin-based composite crown, anterior.	C-PA	3 or more teeth require PA	N	
D2391	Resin-based composite-one surface, posterior (used to restore a carious lesion into dentin. Not a preventive procedure) Codes: D2391, D2392, D2393, D2394	C		N	
D2392	Resin-based composite - two surfaces posterior	C		N	
D2393	Resin-based composite - three surfaces posterior	C		N	
D2394	Resin-based composite - four or more surfaces -posterior	C		N	
Cast Crown coverage is limited to members 18 - 20 years of age, on functional permanent endodontically treated teeth except third molars					
D2740	Crown - porcelain/ceramic substrate	C-PA (age 18-20)	On anterior and bicuspid only. Post Op X-Rays of root canal	N	
D2751	Crown - porcelain fused to predominantly base metal	C-PA (age 18-20)	On anterior and bicuspid only. Post Op X-Rays of root canal	N	
D2752	Crown - porcelain fused to noble metal	C-PA (age 18-20)	On anterior and bicuspid only. Post Op X-Rays of root canal	N	
D2791	Crown - full cast predominantly base metal	C-PA (age 18-20)	On molars only. Post Op X-Rays of root canal	N	
D2792	Crown - full cast noble metal	C-PA (age 18-20)	On molars only. Post Op X-Rays of root canal	N	
D2910	Recement inlay	C		N	
D2915	Recement cast or prefabricated post and core	C		N	
D2920	Recement crown	C		N	
D2930	Prefabricated stainless steel crown - primary tooth.	C-PA	3 or more teeth require PA	N	
D2931	Stainless steel crown - permanent tooth	C-PA	Require PA	N	
D2932	Prefabricated resin crown	C-PA	Anterior only, 3 or more teeth require PA	N	
D2933	Prefabricated stainless steel crown with resin window	C-PA	Anterior only, 3 or more teeth require PA	N	
D2934	Prefabricate esthetic coated stainless steel crown	C-PA	Anterior primary teeth only, 3 or more teeth require PA	N	
D2940	Sedative filling.	C-PA	Non-covered when done in conjunction with pulpotomies, root canals and/or permanent restorations. Clinical notes required.	N	

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D2950	Core build-up, including any pins. D2950 & D2954	C-PA	This procedure is covered subject to prior authorization with submission of x-rays, and only covered for permanent Endodontically treated teeth. Submitt with Post Op X-Rays of root canal	N	
D2954	Prefabricated post and core - in addition to crown	C-PA	This procedure is covered subject to prior authorization with submission of x-rays, and only covered for permanent Endodontically treated teeth. Submitt with Post Op X-Rays of root canal	N	
D2955	Post removal (not in conjunction with endodontic therapy)	C-PA	X-Rays	N	
D3110-3120	*Non-covered if done in conjunction with permanent restoration. Pulp caps covered on permanent teeth only				
D3110	Pulp cap* (excluding final restoration).	C		N	
D3120	Pulp cap* indirect (excluding final restoration)	C		N	
D3220	Therapeutic pulpotomy	C-PA	3 or more teeth require PA & Clinical notes	N	
D3221	Gross pupal debridement - primary & permanent teeth	N		N	
D3222	Incomplete Root Development	C-PA	Clinical Notes and PA	N	
D3230	Pulpal therapy - anterior	C-PA	Post Op X-Rays of root canal	N	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	C-PA	Post Op X-Rays of root canal	N	
D3310-3353	Adults - 6 upper/lower anteriors if trauma/infection on a restorable tooth. Coverage is limited to permanent teeth. Allowance includes working films, postoperative films and cultures but excludes final restoration				
D3310	Root canal, anterior (excluding final restoration)	C-PA	Post Op X-Rays of root canal	N	
D3320	Root canal, bicuspid (excluding final restoration)	C-PA	Post Op X-Rays of root canal	N	
D3330	Root canal, molar (excluding final restoration)	C-PA	Post Op X-Rays of root canal	N	
D3331	Treatment of root canal obstruction, non-surgical access	C-PA	X-Rays & Narrative	N	
D3346	Retreatment of previous root canal therapy - anterior	C-PA	Pre and Post Op x-rays & Narrative	N	
D3347	Retreatment of previous root canal therapy - bicuspid	C-PA	Pre and Post Op x-ray & Narrative	N	
D3348	Retreatment of previous root canal therapy - molar.	C-PA	Coverage is limited to permanent teeth. Allowance includes postoperative films and cultures but excludes final restoration. Submit with Pre and Post Op x-rays & Narrative	N	

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D3351	Apexification/recalcification - initial visit.	C-PA	X-Rays & Narrative	N	
D3352	Apexification/recalcification - interim medication replacement	C-PA	X-Rays & Narrative	N	
D3353	Apexification/recalcification - final visit	C-PA	Post Op x-rays & Narrative	N	
D3410	Apicoectomy/periradicular surgery - anterior	C-PA	X-Rays & Narrative	N	
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	C-PA	X-Rays & Narrative	N	
D3425	Apicoectomy/periradicular surgery - molar (first root)	C-PA	X-Rays & Narrative	N	
D3426	Apicoectomy/periradicular surgery - (each additional root)	C-PA	X-Rays & Narrative	N	
D3430	Retrograde filling - per root	C-PA	X-Rays & Narrative	N	
D3450	Root amputation - per root	C-PA	X-Rays & Narrative	N	
D3470	Intentional replantation (including necessary splinting)	N		N	
D3920	Hemisection (including any root removal), not including root	C-PA	X-Rays & Narrative	N	
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	X-Rays & Narrative	N	
D4211	Gingivectomy or gingivoplasty, one to three teeth, per quadrant	C-PA	X-Rays & Narrative	N	
D4240	Gingival flap procedure, including root planning, four or more contiguous teeth or bounded spaces per quadrant	C-PA	X-Rays & Narrative	N	
D4241	Gingival flap procedure, including root planning, one to three teeth per quadrant	C-PA	X-Rays & Narrative	N	
D4249	Clinical crown lengthening, hard tissue.	C-PA	Must be done at least 6 weeks prior to restorative. Submit with X-Rays & Narrative	N	
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	X-Rays & Narrative	N	
D4261	Osseous surgery (including flap entry and closure), one to three teeth, per quadrant	C-PA	X-Rays & Narrative	N	
D4263	Bone replacement graft - first site in quadrant	C-PA	X-Rays & Narrative	N	
D4264	Bone replacement graft - each additional site in quadrant	C-PA	X-Rays & Narrative	N	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	C-PA	X-Rays & Narrative	N	
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	X-Rays & Narrative	N	
D4267	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	X-Rays & Narrative	N	
D4270	Pedicle soft tissue graft procedure	C-PA	X-Rays & Narrative	N	

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D4271	Free soft tissue graft procedure (including donor site surgery) reported with periodontal procedures	C-PA	X-Rays & Narrative	N	
D4274	Distal or proximal wedge procedure (when not performed with surgical procedures in same anatomical area)	N		N	
D4275	Soft tissue allograft	N		N	
D4276	Combined connective tissue and double pedicle graft	N		N	
D4320	Provisional splinting - intracoronal	C-PA	X-Rays & Narrative	N	
D4321	Provisional splinting - extracoronal	C-PA	X-Rays & Narrative	N	
D4341	Periodontal scaling and root planning, four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	X-Rays/Narrative & Perio Charting	N	
D4342	Periodontal scaling and root planning - one to three teeth, per quad	C-PA	X-Rays/Narrative & Perio Charting	N	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	C-PA	X-Rays/Narrative & Perio Charting	N	
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	C-PA	X-Rays & Narrative	N	
D4910	Periodontal maintenance	N		N	
D4920	Unscheduled dressing change (by someone other than treating dentist)	C-PA	Narrative	N	
D5110-5281	Allowances for partial and complete dentures include adjustments within 6 months after installation. All partial allowances include conventional clasps, rests, and teeth. Dentures & Partial dentures require documentation of medical necessity.				
D5110	Complete denture - maxillary	C-PA	X-Rays & Narrative	N	
D5120	Complete denture - mandibular	C-PA	X-Rays & Narrative	N	
D5130	Immediate denture - maxillary	C-PA	X-Rays & Narrative	N	
D5140	Immediate denture - mandibular	C-PA	X-Rays & Narrative	N	
D5211	Maxillary partial denture - resin base	C-PA	X-Rays & Narrative	N	
D5212	Mandibular partial denture - resin base	C-PA	X-Rays & Narrative	N	
D5213	Maxillary partial denture-cast metal framework with resin	C-PA	X-Rays & Narrative	N	
D5214	Mandibular partial denture-cast metal framework with resin denture base	C-PA	X-Rays & Narrative	N	
D5281	Removable unilateral partial denture - one piece cast metal	C-PA	Narrative	N	
D5410	Adjust complete denture - maxillary	C-PA	Narrative	N	
D5411	Adjust complete denture - mandibular	C-PA	Narrative	N	
D5421	Adjust partial denture - maxillary	C-PA	Narrative	N	
D5422	Adjust partial denture - mandibular	C-PA	Narrative	N	

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D5510	Repair broken complete denture base	C-PA	Narrative	N	
D5520	Replace missing or broken teeth - complete denture (each tooth)	C-PA	Narrative	N	
D5610	Repair resin denture base - partial denture	C-PA	Narrative	N	
D5620	Repair cast framework - partial denture	C-PA	Narrative	N	
D5630	Repair or replace broken clasp - partial denture	C-PA	Narrative	N	
D5640	Replace broken teeth (per tooth) - partial denture	C-PA	Narrative	N	
D5650	Add tooth to existing partial denture	N		N	
D5660	Add clasp to existing partial denture	N		N	
D5710	Rebase complete maxillary denture	C-PA	Narrative	N	
D5711	Rebase complete mandibular denture	C-PA	Narrative	N	
D5720	Rebase maxillary partial denture	C-PA	Narrative	N	
D5721	Rebase mandibular partial denture	C-PA	Narrative	N	
D5730-5761	Coverage for relines is limited to service dates more than 6 months after delivery				
D5730	Reline complete maxillary denture (chairside)	C-PA	Narrative	N	
D5731	Reline complete mandibular denture (chairside)	C-PA	Narrative	N	
D5740	Reline maxillary partial denture (chairside)	C-PA	Narrative	N	
D5741	Reline mandibular partial denture (chairside)	C-PA	Narrative	N	
D5750	Reline complete maxillary denture (laboratory)	C-PA	Narrative	N	
D5751	Reline complete mandibular denture (laboratory)	C-PA	Narrative	N	
D5760	Reline maxillary partial denture (laboratory)	C-PA	Narrative	N	
D5761	Reline mandibular partial denture (laboratory)	C-PA	Narrative	N	
D5820	Interim partial denture (maxillary)	C-PA	X-Rays & Narrative	N	
D5821	Interim partial denture (mandibular)	C-PA	X-Rays & Narrative	N	
D5850	Tissue Conditioning - Maxillary	C-PA	Narrative	N	
D5851	Tissue conditioning - mandibular	C-PA	Narrative	N	
D5911	Facial moulage (sectional)	C-PA	Narrative	N	
D5912	Facial moulage (complete)	C-PA	Narrative	N	
D5913	Nasal prosthesis	C-PA	Narrative	N	
D5914	Auricular prosthesis	C-PA	Narrative	N	
D5915	Orbital prosthesis	C-PA	Narrative	N	
D5916	Ocular prosthesis	C-PA	Narrative	N	
D5919	Facial prosthesis	C-PA	Narrative	N	
D5922	Nasal septal prosthesis	C-PA	Narrative	N	
D5923	Ocular prosthesis, interim	C-PA	Narrative	N	
D5924	Cranial prosthesis	C-PA	Narrative	N	
D5925	Facial augmentation implant	C-PA	Narrative	N	
D5926	Nasal prosthesis, replacement	C-PA	Narrative	N	
D5927	Auricular prosthesis, replacement	C-PA	Narrative	N	
D5928	Orbital prosthesis, replacement	C-PA	Narrative	N	
D5929	Facial prosthesis, replacement	C-PA	Narrative	N	
D5931	Surgical obturator	C-PA	Narrative	N	
D5932	Post surgical obturator	C-PA	Narrative	N	

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D5933	Refitting of obturator	C-PA	Narrative	N	
D5934	Mandibular resection (flange) prosthesis	C-PA	Narrative	N	
D5935	Mandibular resection (denture) prosthesis	C-PA	Narrative	N	
D5936	Obturator/prosthesis, interim	C-PA	Narrative	N	
D5937	Trismus appliance (not for TM treatment)	C-PA	Narrative	N	
D5951	Feeding aid	C-PA	Narrative	N	
D5952	Pediatric speech aid	C-PA	Narrative	N	
D5953	Speech aid prosthesis, Adult	C-PA	Narrative	N	
D5954	Superimposed prosthesis	C-PA	Narrative	N	
D5955	Palatal lift prosthesis	C-PA	Narrative	N	
D5958	Palatal lift prosthesis, interim	C-PA	Narrative	N	
D5959	Palatal lift prosthesis, modification	C-PA	Narrative	N	
D5960	Speech aid prosthesis, modification	C-PA	Narrative	N	
D5982	Surgical stent	C-PA	Narrative	N	
D5983	Radiation carrier	C-PA	Narrative	N	
D5984	Radiation shield	C-PA	Narrative	N	
D5985	Docking device, cone locator	C-PA	Narrative	N	
D5986	Fluoride gel carrier, per arch	C-PA	Narrative	N	
D5987	Commisure splint	C-PA	Narrative	N	
D5988	Surgical splint	C-PA	Narrative	N	
D5991	Topical Medicament Carrier	C-PA	Narrative	N	
D5999	Unspecified maxillofacial prosthesis, by report	C-PA	Narrative	N	
D6010	Surgical placement of implant body: endosteal implant	C-PA	Narrative	N	
D6080	Implant maintenance procedure, including: removal of prosthesis, cleansing of prosthesis and abutment	C-PA	Narrative	N	
D6090	Repair implant-supported prosthesis, by report	C-PA	Narrative	N	
D6095	Repair implant abutment, by report	C-PA	Narrative	N	
D6100	Implant removal, by report	C-PA	Narrative	N	
D6199	Unspecified implant procedure, by report	C-PA	Narrative	N	
D6012-D6920	Implant and fixed prosthodontics and related services are non-covered procedures				
D6930	Recent fixed partial denture	C		N	
D6940-D6999	Fixed prosthodontics and related services are non-covered procedures				
D7111-D7250	All extractions require prior authorization, unless they are completed as emergency treatment then they are to be sent for RETRO review. ALL RETRO REVIEW CLAIMS ARE TO BE SENT WITH - X-Rays and Clinic Notes Required				
D7111	Coronal remnants - deciduous tooth - erupted tooth or exposed root elevation	C-PA	X-Rays & Clinical Notes Required	N	

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D7140	Extraction - single tooth - erupted tooth or exposed root (elevation and/or forceps removal) Includes routine removal of	C-PA	X-Rays & Clinical Notes Required	N	
D7210	Surgical removal of erupted tooth.	C-PA	X-Rays & Clinical Notes Required	N	
D7220	Surgical removal of impacted tooth - soft tissue	C-PA	X-Rays & Clinical Notes Required	N	
D7230	Surgical removal of impacted tooth - partially bony	C-PA	X-Rays & Clinical Notes Required	N	
D7240	Surgical removal of impacted tooth - completely bony	C-PA	X-Rays & Clinical Notes Required	N	
D7241	Removal of impacted tooth completely bony, with unusual surgical complications, by report	C-PA	X-Rays & Clinical Notes Required	N	
D7250	Surgical removal of residual tooth roots (cutting procedure)	C-PA	X-Rays & Clinical Notes Required	N	
D7260	Oral antral fistula closure	C-PA	X-Rays & Clinical Notes Required	N	
D7261	Primary closure of a sinus perforation	C-PA	X-Rays & Clinical Notes Required	N	
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	C-PA	X-Rays & Clinical Notes Required	N	
D7280	Surgical access of an unerupted tooth	N		N	
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	N		N	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	N		N	
D7285	Biopsy of oral tissue - hard (Bone, teeth)	C-PA	Clinical Notes	C-PA	Clinical Notes
D7286	Biopsy of oral tissue - soft (All others)	C-PA	Clinical Notes	C-PA	Clinical Notes
D7291	Transseptal fiberotomy / Supracrestal fiberotomy, by report	C-PA	X-Rays & Clinical Notes	N	
D7310	Alveoplasty in conjunction with extractions - per quadrant	C-PA	X-Rays & Clinical Notes	N	
D7311	Alveoplasty in conjunction with extractions- 1-3 teeth	C-PA	X-Rays & Clinical Notes	N	
D7320	Alveoplasty not in conjunction with extractions - per quadrant	C-PA	X-Rays & Clinical Notes	N	
D7321	Alveoplasty in conjunction w/o extractions- 1-3 teeth	C-PA	X-Rays & Clinical Notes	N	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	C-PA	X-Rays & Clinical Notes	N	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts,	C-PA	X-Rays&Narrative	N	
D7410	Excision of benign lesion up to 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7411	Excision of benign lesion greater than 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7412	Excision of benign lesion, complicated	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7413	Excision of malignant lesion up to 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7414	Excision of malignant lesion greater than 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7415	Excision of malignant lesion, complicated	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7450	Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7451	Removal of benign odontogenic cyst or tumor, lesion diameter over 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative

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D7460	Removal of benign nonodontogenic cyst or tumor, lesion	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7461	Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7465	Destruction of lesion(s) by physical or chemical method, by report	N		N	
D7471	Removal of lateral exostosis, (maxilla or mandible)	C-PA	Narrative	C-PA	Narrative
D7472	Removal of torus palatinus	C-PA	Narrative	C-PA	Narrative
D7473	Removal of torus mandibularis	C-PA	Narrative	C-PA	Narrative
D7485	Surgical reduction of osseous tuberosity	C-PA	Narrative	C-PA	Narrative
D7490	Radical resection of mandible with bone graft	C-PA	X-Rays & Narrative	C-PA	Narrative
*Not covered on Same Date of Service as Extraction Unless Documentation of Sent/Drain Placement					
D7510/11	Incision and drainage of abscess - intraoral soft tissue*	C-PA	X-Rays & Clinical Notes	C-PA	X-Rays&Narrative
D7520/21	Incision and drainage of abscess - extraoral soft tissue*	C-PA	X-Rays & Clinical Notes	C-PA	X-Rays&Narrative
D7530	Removal of foreign body, from mucosa, skin or subcutaneous	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7540	Removal of reaction-producing foreign bodies - musculoskeletal system	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7610	Simple fracture, maxilla, open reduction, teeth immobilized (if present)	C-PA	Narrative	C-PA	Narrative
D7620	Simple fracture, maxilla, closed reduction, teeth immobilized, (if present)	C-PA	Narrative	C-PA	Narrative
D7630	Simple fracture, mandible, open reduction, teeth immobilized, (if present)	C-PA	Narrative	C-PA	Narrative
D7640	Simple fracture, mandible, closed reduction, teeth immobilized,	C-PA	Narrative	C-PA	Narrative
D7650	Simple fracture, malar and/or zygomatic arch, open reduction	C-PA	Narrative	C-PA	Narrative
D7660	Simple fracture, malar and/or zygomatic arch, closed reduction	C-PA	Narrative	C-PA	Narrative
D7670	Alveolus-closed reduction may include stabilization of teeth	C-PA	Narrative	C-PA	Narrative
D7671	Alveolus - open reduction, may include stabilization of teeth	C-PA	Narrative	C-PA	Narrative
D7680	Simple fracture, facial bones, complicated reduction with fixation and multiple surgical approaches	C-PA	Narrative	C-PA	Narrative
D7710	Compound fracture, maxilla, open reduction	C-PA	Narrative	C-PA	Narrative
D7720	Compound fracture, maxilla, closed reduction	C-PA	Narrative	C-PA	Narrative
D7730	Compound fracture, mandible, open reduction	C-PA	Narrative	C-PA	Narrative
D7740	Compound fracture, mandible, closed reduction	C-PA	Narrative	C-PA	Narrative

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D7750	Compound fracture, malar and/or zygomatic arch, open reduction	C-PA	Narrative	C-PA	Narrative
D7760	Compound fracture, malar and/or zygomatic arch, closed reduction	C-PA	Narrative	C-PA	Narrative
D7770	Alveolus - open reduction stabilization of teeth.	C-PA	Narrative	C-PA	Narrative
D7771	Alveolus - closed reduction stabilization of teeth	C-PA	Narrative	C-PA	Narrative
D7780	Facial bones- complicated reduction with fixation and multiple surgical approaches	C-PA	Narrative	C-PA	Narrative
D7810	Open reduction of dislocation	C-PA	Narrative	C-PA	Narrative
D7820	Closed reduction of dislocation	C-PA	Narrative	C-PA	Narrative
D7830	Manipulation under anesthesia	C-PA	Narrative	C-PA	Narrative
D7852-D7899	Non-covered oral surgery procedures				
D7910	Suture of recent small wounds - up to 5 cm	C-PA	Narrative	C-PA	Narrative
D7911	Complicated suture - up to 5 cm	C-PA	Narrative	C-PA	Narrative
D7912	Complicated suture - greater than 5 cm	C-PA	Narrative	C-PA	Narrative
D7920-D7948	Non-covered oral surgery procedures				
D7949	LeFort II or LeFort III, with bone graft	C-PA	X-Rays & Narrative	N	
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible-autogenous or nonautogenous	C-PA	X-Rays & Narrative	N	
D7951	Sinus Augmentation with bone or bone substitute	C-PA	X-Rays & Narrative	N	
D7953	Bone replacement graft for ridge preservation - per site	C-PA	X-Rays & Narrative	N	
D7955	Repair of maxillofacial soft and hard tissue defects	C-PA	X-Rays & Narrative	N	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	C-PA	X-Rays & Narrative	N	
D7963	Frenuloplasty	C-PA	X-Rays & Narrative	N	
D7970	Excision of hyperplastic tissue - per arch	C-PA	X-Rays & Narrative	N	
D7971	Excision of pericoronal gingiva	C-PA	X-Rays & Narrative	N	
D7972	Surgical reduction of fibrous tuberosity	C-PA	Narrative	N	
D7980	Sialolithotomy	C-PA	X-Rays & Narrative	N	
D7981	Excision of salivary gland	C-PA	X-Rays & Narrative	N	
D7982	Sialodochoplasty	C-PA	X-Rays & Narrative	N	
D7983	Closure of salivary fistula	C-PA	X-Rays & Narrative	N	
D7990	Emergency tracheotomy	C-PA	Narrative	C-PA	Narrative
D7991	Coronoidectomy	C-PA	Narrative	N	
D7995	Synthetic graft - mandible or facial bones, by report	C-PA	Narrative	N	
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	C-PA	Narrative	N	

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D7997	Appliance removal (not by dentist who placed appliance)	C-PA	X-Rays & Narrative	C-PA	X-Rays&Narrative
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	C-PA	X-Rays & Narrative	N	
D7999	Unspecified oral surgery procedure, by report	C-PA	Narrative	N	
D8010	Limited orthodontic treatment of the primary dentition	N		N	
D8020	Limited orthodontic treatment of the transitional dentition	N		N	
D8030	Limited orthodontic treatment of the adolescent dentition	N		N	
D8040	Limited orthodontic treatment of the adult dentition	N		N	
D8050	Interceptive orthodontic treatment of the primary dentition	N		N	
D8060	Interceptive orthodontic treatment of the transitional dentition	N		N	
D8070	Comprehensive orthodontic treatment of the transitional dentition	N		N	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	N		N	
D8090	Comprehensive orthodontic treatment of the adult dentition	N		N	
D8210	Removable appliance to correct thumbsucking	N		N	
D8220	Fixed appliance to correct thumbsucking	N		N	
D8660	Pre-orthodontic visit	N		N	
D8670	Periodic orthodontic treatment visit (as part of contract)	N		N	
D8680	Orthodontic, retention (including removal of appliances, construction and placement of retainer(s))	N		N	
D8690	Orthodontic treatment (alternative to billing to a contract fee)	N		N	
D8691	Repair of orthodontic appliance	N		N	
D8692	Replacement of lost/broken retainer	N		N	
D8999	Unspecified orthodontic procedure, by report	N		N	
D9110	Palliative (emergency) treatment of dental pain -minor procedure	C-PA	Not a covered procedure if other procedures are reported on same date, same tooth except diagnostic x-ray films and emergency exam. Submit with Narrative	N	
D9120	Fixed partial denture sectioning	C-PA	Narrative	N	
D9210	Local anesthesia not in conjunction w/operative or surgical procedures	N		N	

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D9220-D9221	General Dentist must indicate on the prior Authorization if Anesthesia services are to be performed by an Anesthesiologist. Anesthesiologists must submit a Narrative & an Anesthesia Log for Retro-Review, once services have been completed.				
D9220	Deep sedation / general anesthesia - first 30 minutes	C-PA	Narrative & Anesthesia log	C-PA	Medical Records
D9221	Deep sedation / general anesthesia - each additional 15 min	C-PA	Narrative & Anesthesia log	C-PA	Medical Records
D9230	Analgesia (includes Nitrous Oxide)	C-PA	Narrative	C-PA	Narrative
D9241	Intravenous conscious sedation/analgesia - first 30 min	C-PA	Narrative & Anesthesia log	C-PA	Medical Records
D9242	Intravenous conscious sedation/analgesia, each addition 15 min	C-PA	Narrative & Anesthesia log	C-PA	Medical Records
D9248	Non-intravenous conscious sedation	C-PA	Covered for 12 years old and younger UNLESS narrative for need accompanies prior auth request. Submit PA request with Narrative	C-PA	Medical Records
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	N		N	
D9410	Professional visit, house call	C-PA	Mobile dental unit only. Narrative	C-PA	Narrative
D9420	Professional visit, hospital call	C-PA	Narrative	C-PA	Narrative
D9430	Office visit for observation (during regularly scheduled hours), no other services performed	C-PA	Narrative	N	
D9440	Office visit after regularly scheduled hours	C-PA	Payment will be made on basis of services rendered or visit, whichever is greater. Submit with Narrative	N	
D9450	Case presentation, detailed and extensive treatment planning	N		N	
D9610	Therapeutic parenteral drug, single administration	N		N	
D9920	Behavior management, by report narrative - NOT A COVERED SERVICE	N		N	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	C-PA	Narrative	N	
D9940	Occlusal guards, by report	N		N	
D9951	Occlusal adjustment, limited	C-PA	Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease. Submit with X-Rays & Narrative	N	
D9999	Unlisted procedure within the scope of AHCCCS cover benefits	C-PA	X-Rays and and clinical notes	N	

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