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## UnitedHealthcare Community Plan Dental Benefit Matrix

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### Important Addresses

**Prior Authorization &  
Retro-Review**  
P.O. Box 2020  
Milwaukee, WI 53201

**Claims**  
P.O. Box 2185  
Milwaukee, WI 53201

**Corrected Claims**  
P.O. Box 541  
Milwaukee, WI 53201

**Claims Disputes**  
1 E. Washington St, Suite 900  
Phoenix, AZ 85004

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- **Members age 0-20** - Routine dental services are covered.
- **Members 21 years of age and older** -
  - ALTCS (Arizona Long Term Care System) only** - Routine dental services are covered up to \$1000 per member per contract year. This includes both DD (Developmentally Disabled) and LTC (Long Term Care) plan members.
  - Emergency Dental (Acute, CRS, DD and LTC)** - \$1000 per member per contract year for **emergency** dental services (This is in addition to the ALTCS \$1000 per year for DD and LTC members. DD and LTC members receive \$1000 per contract year for routine dental care and \$1000 per contract year for emergency dental care).
    - \*Dental emergency is defined as an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma.
  - ADDITIONAL BENEFIT** - Medical and surgical services furnished by dentists which are covered for members 21 years of age and older and are *not subject to the \$1000 annual limit*, must be related to the treatment of a medical condition such as
    - (1) acute pain (excluding Temporomandibular Joint Dysfunction (TMJ) pain) (2) infection, or (3) fracture of the jaw
 The services qualify if
    - they may be performed under State law by either a physician or by a dentist, and
    - the services would be considered physician services if furnished by a physician
 These covered services include a limited problem focused examination of the oral cavity, required radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate anesthesia and the prescription of pain medication and antibiotics. Members can receive these services even if they have used their \$1000 annual benefit. Diagnosis and treatment of TMJ is **not covered** except for reduction of trauma.
- **Services for transplant and cancer cases are not subject to the adult emergency dental \$1000 annual limit.**
  - Pre-transplant** – Pre-transplant recipients may receive additional dental treatment in preparation for an organ transplant. All pre-transplant services must be pre-authorized; including initial full exam and x-rays. The member must ask his or her *case worker* to contact dental department administrative/clinical staff directly to request a pre-authorization for full exam, and x-rays prior to dental visit.
  - Cancer of the head, neck, or jaw** – Members are eligible for prophylactic extractions of teeth in preparation for radiation treatment.

**DISCLAIMER: PRE-AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. MEMBER MUST BE ELEGIBLE FOR SERVICES ON DATE OF SERVICE. RETROSPECTIVE REVIEW OF TREATMENT IS NOT A GUARANTEE OF PAYMENT. CODES NOT LISTED ARE NON-COVERED. AHCCCS PERIODICALLY MAKES CHANGES TO COVERED SERVICES AND THIS DOCUMENT MAY NOT BE THE MOST UP TO DATE INFORMATION. PLEASE VERIFY COVERED DENTAL SERVICES IN THE AMPM.**

ALTCS – Arizona Long Term Care System  
 LTC – Long term Care  
 DD – Developmentally Disabled  
 CRS – Children’s Rehabilitative Services

C – Covered Service  
 N – Non-covered Service  
 C-PA/C-RR – Covered only with prior authorization or retro-review  
 \*(Emergency treatment does not require prior authorization but is subject to retro-review upon claim submission)

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 Revised 10/2017

ADA Code	Description	Age 0-20	Age 21+			Frequency, limitation, and document requirements
			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D0120	Periodic oral evaluation - established patient	C	C	N	N	Benefit once every six months
D0140	Limited oral evaluation - problem focused	C	C	C-RR	C	Not billable within three months of original exam date for the same tooth/quad Clinical notes required with claim submission
D0145	Oral evaluation for patient under 3 years of age, and counseling with primary caregiver	C (Age 0-2)	N	N	N	Benefit once every six months <i>*concurrent fluoride varnish placement required for all patients under age three</i>
D0150	Comprehensive oral evaluation - new or established patient	C	C	N	N	Can only be billed 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	N	
D0171	Re-evaluation - Post-operative Office Visit	C	C	N	C	
D0180	comprehensive Periodontal Evaluation - New or Established Patient	C-PA	C-PA	N	N	Allowed once every twelve months x-rays, narrative and periodontal charting
D0190	Screening of a Patient (APDH only)	C	C	N	N	Not billable by dentist Not billable within 6 months of D0120, D0145, D0150, D0190 or D0191
D0191	Assessment of a Patient (APDH only)	C	C	C-RR	N	Not billable by dentist Not billable within 6 months of D0120, D0145, D0150, D0190 or D0191
D0210	Intraoral-complete series (including bitewings)	C (Age 6-20)	C	N	N	One FMX or Pano allowed in a three-year period (rolling 36-month period)
D0220	Intraoral- periapical first radiographic image	C	C	C-RR	C	
D0230	Intraoral- periapical each additional radiographic image	C	C	C-RR	C	
D0240	Intraoral- occlusal radiographic image	C	C	N	C	
D0250	Extra-oral- 2D projection radiographic image created using a stationary radiation source, and detector	C-PA	C-PA	N	C-PA	Allowed once every twelve months Narrative or Clinical notes
D0251	Extra-oral Posterior Dental Radiographic Image	C	C	N	C	Allowed once every twelve months
D0270	Bitewing- single radiographic image	C	C	C-RR	N	Allowed once every six months
D0272	Bitewings- two radiographic images	C (Ages 2-20)	C	C-RR	N	Allowed once every six months
D0273	Bitewings- three radiographic images	C (Ages 10-20)	C	C-RR	N	Allowed once every six months

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D0274	Bitewings- four radiographic images	C (Ages 10-20)	C	C-RR	N	Allowed once every six months
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	C	C	C-RR	N	Allowed once every six months
D0290	Posterior-anterior or Lateral Skull and Facial Bone Survey Radiographic Image	C-PA	C-PA	N	C-PA	Narrative or clinical notes
D0310	Sialography	C-PA	C-PA	N	N	Narrative or clinical notes
D0320	Temporomandibular Joint Arthrogram, Including Injection	C-PA	C-PA	N	C-PA	Narrative or clinical notes
D0321	Other Temporomandibular Joint Radiographic Images, By Report	C-PA	C-PA	N	C-PA	Narrative or clinical notes
D0330	Panoramic radiographic image	C-PA (1-5) C(Ages 6-20)	C	C-RR	N	One FMX or Pano allowed in a 36-month rolling period Narrative or clinical notes (0-6)
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	C-PA	C-PA	N	N	Narrative or clinical notes
D0350	2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally	C-PA	C-PA	N	N	Allowed once every six months Narrative or clinical notes
D0393	Treatment Simulation Using 3D Image Volume	C	C	N	N	
D0470	Diagnostic Casts	C-PA	C-PA	N	N	X-rays, narrative and clinical notes
D0502	Other Oral Pathology Procedures, By Report	C-PA	C-PA	N	N	X-rays, narrative and clinical notes
D0999	Unspecified Diagnostic Procedure, By Report	C-PA	C-PA	N	N	X-rays, narrative and clinical notes
D1110	Prophylaxis- Adult	C (Ages 14-20)	C	N	N	Allowed once every six months
D1120	Prophylaxis- Child	C (0-13)	N	N	N	Allowed once every six months
D1206	Topical application of fluoride varnish/moderate to high caries risk patients	C	C	N	N	Allowed once every six months <i>*application required for all patients aged 3 and under</i>
D1208	Topical application of fluoride	C	C	N	N	Allowed once every six months
D1351	Sealant - per tooth	C (Ages 3-15)	N	N	N	Permanent first and second molars-teeth#2, 3, 14, 15,1 8, 19, 30, 31 only Allowed once every 3 years
D1352	Preventive resin restoration in a moderate to high caries risk patient - per tooth	C (Ages 3-20)	C	N	N	Permanent first and second molars-teeth#2, 3, 14, 15,1 8, 19, 30, 31 only Allowed once every 3 years
D1353	Sealant Repair- per tooth	C (Ages 3-15)	N	N	N	
D1354	Interim Caries Arresting Medicament Application	C	C	N	N	

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			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D1510	Space maintainer - fixed unilateral - for posterior primary teeth only, which have been lost prematurely	C-PA (Ages 0-14)	N	N	N	One per lifetime per arch. Full arch x-rays & chart notes must be included with claim or authorization request.
D1515	Space maintainer - fixed bilateral - for posterior primary teeth only, which have been lost prematurely	C-PA (Ages 0-14)	N	N	N	One per lifetime per arch. Full arch x-rays & chart notes must be included with claim or authorization request.
D1520	Space maintainer - removable unilateral - for posterior primary teeth only	C-PA (Ages 0-14)	N	N	N	One per lifetime per arch. Full arch x-rays & chart notes must be included with claim or authorization request.
D1525	Space maintainer - removable bilateral - for posterior primary teeth only	C-PA (Ages 0-14)	N	N	N	One per lifetime per arch. Full arch x-rays & chart notes must be included with claim or authorization request.
D1550	Re-cementation of space maintainer	C (Ages 0-14)	N	N	N	Not billable within six months of delivery date for the same tooth/quad, by the same provider group.
D1555	Removal of fixed space maintainer	C	C	N	N	Not billable by the same provider group that originally placed the appliance.
D1575	Distal shoe space maintainer - fixed unilateral	C-PA	N	N	N	One per lifetime per arch. Full arch x-rays & chart notes must be included with claim or authorization request.
D1999	Unspecified Preventive Procedure, By Report	C-PA	C-PA	N	N	X-rays, narrative or clinical notes
<b>RESTORATIVE</b>						
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. <b><i>Replacement of restoration (for the same tooth) within a 2 year period by the same provider group is not billable.</i></b>						
D2140	Amalgam - one surface, primary or permanent	C	C	N	N	Allowed once per surface in a two year period
D2150	Amalgam - two surfaces, primary or permanent	C	C	N	N	Allowed once per surface in a two year period
D2160	Amalgam - three surfaces, primary or permanent	C	C	N	N	Allowed once per surface in a two year period
D2161	Amalgam - four surfaces, primary or permanent	C	C	N	N	Allowed once per surface in a two year period
D2330	Resin-based composite - one surface, anterior	C	C	C-RR	N	Allowed once per surface in a two year period

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D2331	Resin-based composite - two surfaces, anterior	C	C	C-RR	N	Allowed once per surface in a two year period
D2332	Resin-based composite - three surfaces, anterior	C	C	C-RR	N	Allowed once per surface in a two year period
D2335	Resin-based composite - four or more surfaces or involving incisal angel (anterior)	C	C	C-RR	N	Allowed once per surface in a two year period
D2390	Resin - based composite crown, anterior	C-PA	C-PA	C-RR	N	Periapical x-ray showing tooth crown and root structure, and clinical notes required with authorization or retro-review claim.
D2391	Resin - based composite - one surface, posterior	C	C	N	N	Allowed once per surface in a two year period
D2392	Resin - based composite - two surfaces, posterior	C	C	N	N	Allowed once per surface in a two year period
D2393	Resin - based composite - three surfaces, posterior	C	C	N	N	Allowed once per surface in a two year period
D2394	Resin - based composite - four or more surfaces, posterior	C	C	N	N	Allowed once per surface in a two year period
<b>CROWNS</b>						
<b><i>Replacement of crowns (for the same tooth) within a 5 year period by the same provider group is not billable.</i></b>						
D2740	Crown - porcelain/ceramic substrate	C-PA (ages18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment. <i>Alternate code D2751 will be given during claim adjudication.</i>
D2750	Crown - porcelain fused to high noble metal	C-PA (ages 18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment. <i>Alternate code D2751 will be given during claim adjudication.</i>

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D2751	Crown - porcelain fused to predominantly base metal	C-PA (ages 18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment.
D2752	Crown - porcelain fused to noble metal	C-PA (ages 18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment. <i>Alternate code D2751 will be given during claim adjudication.</i>
D2790	Crown - full cast high noble metal	C-PA (ages18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment.
D2791	Crown - full cast predominantly base metal	C-PA (ages18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment.
D2792	Crown - Full cast noble metal	C-PA (ages18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment.
D2794	Crown - titanium	C-PA (ages18-20)	C-PA	C-RR	N	Covered for members ages 18 and over only. Post-operative periapical x-ray of completed root canal required with claim. Pre-authorization of service does not guarantee payment.

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			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D2910	Re-cement inlay, onlay, or partial coverage restoration	C (ages 18-20)	C	C-RR	N	x-ray required with claim
D2915	Re-cement cast or prefabricated post and core	C	C	C-RR	N	x-ray required with claim
D2920	Re-cement crown	C	C	C-RR	N	Not billable within six months of delivery date for the same tooth/quad, by the same provider group.
D2921	Reattachment of tooth fragment, incisal edge or cusp	C	C	N	N	Once per two year period, per tooth
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	C-PA	C-PA	N	N	Covered for primary anterior teeth only. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.
<b>STAINLESS STEEL CROWNS</b>						
<b><i>Replacement of SSCs (for the same tooth) within a 3 year period by the same provider group is not billable.</i></b>						
D2930	Prefabricated stainless steel crown - primary tooth	C-PA	C-PA	N	N	Covered for primary posterior teeth only. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.
D2931	Prefabricated stainless steel crown - permanent tooth	C-PA (ages 6-20)	C-PA	C-RR	N	Covered for posterior permanent teeth only. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.
D2932	Prefabricated resin crown	C-PA	C-PA	C-RR	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.
D2933	Prefabricated stainless steel crown with resin window	C-PA	C-PA	C-RR	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	C-PA	C-PA	N	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required with authorization request, or retro-review claim.

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			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D2940	Protective restoration - sedative fillings	C-PA	C-PA	C-RR	N	Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Clinical notes and periapical x-ray required with authorization request, or retro-review claim.
D2941	Interim therapeutic restoration primary dentition	C-PA	C-PA	N	N	Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Clinical notes and periapical x-ray required with retro-review claim.
D2950	Core build-up, including any pins	C-PA	C-PA	C-RR	N	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required with authorization request or retro-review claim.
D2951	Pin retention - per tooth, in addition to restoration	C-PA	C-PA	N	N	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required with authorization request or retro-review claim.
D2952	Post and core in addition to crown	C-PA	C-PA	C-RR	N	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required with authorization request or retro-review claim.
D2954	Prefabricated post and core in addition to crown	C-PA	C-PA	C-RR	N	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required with authorization request or retro-review claim.
D2999	Unspecified Restorative Procedure, By Report	C-PA	C-PA	N	N	X-rays & clinical notes
D3110	Pulp cap - direct (excluding final restoration)	C	C	C-RR	N	Permanent teeth only. Not covered if done in conjunction with permanent restoration.
D3120	Pulp cap -indirect (excluding final restoration)	C	C	C-RR	N	Permanent teeth only. Not covered if done in conjunction with permanent restoration.
D3220	Therapeutic pulpotomy (excluding final restoration), primary and permanent teeth (not to be used for apexogenesis)	C-PA	C-PA	C-RR	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim.

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D3221	Pulpal Debridement, Primary and Permanent Tooth	C	C	C-RR	N	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	C-PA (Ages 5-20)	C-PA	N	N	Periapical x-ray of tooth showing coronal and root surfaces, and clinical notes required with authorization or retro-review claim.
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding restoration)	C-PA (Ages 0-12)	N	N	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim.
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding restoration)	C-PA (Ages 0-14)	N	N	N	Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim.
<b>ROOT CANALS</b>						
<b><i>Retreatment of RCTs (for the same tooth) within 1 year by the same provider group is not billable.</i></b>						
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3331	Treatment of root canal obstruction; non-surgical access	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.

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D3332	Incomplete endodontic therapy; inoperable or fractured	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3333	Internal Root Repair of Perforation Defects	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3346	Retreatment of previous root canal therapy - anterior	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3347	Retreatment of previous root canal therapy - bicuspid	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3348	Retreatment of previous root canal therapy - molar	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Periapical of completed root canal required for payment of claim.
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations root resorption, etc.)	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.

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D3352	Apexification/recalcification - interim medication (apical closure/calcific repair of perforations root resorption, etc.)	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy)	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3410	Apicoectomy/periradicular surgery - anterior	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3425	Apicoectomy/periradicular surgery molar- (first root)	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3426	Apicoectomy/ periradicular surgery - each additional root	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3430	Retrograde filling - per root	C-PA	C-PA	C-RR	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.

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			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D3450	Root amputation - per root	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3920	Hemisection (including any root removal), not including root canal therapy	C-PA	C-PA	N	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D3999	Unspecified Endodontic Procedure, By Report	C-PA	C-PA	N	N	Periapical x-ray showing tooth coronal and root structure required with authorization request, or retro-review claim. Additionally, clinical notes and narrative required.
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaced per quadrant	C-PA	C-PA	N	N	Clinical notes, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4211	Gingivectomy or gingivoplasty, one to three teeth, per quadrant	C-PA	C-PA	N	N	Clinical notes, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or bounded spaces per quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4241	Gingival flap procedure, including root planning, one to three teeth per quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4249	Clinical crown lengthening - hard tissue	C-PA	C-PA	N	N	Must be done at least 6 weeks prior to restorative treatment. Copy of most recent full mouth x-rays, clinical notes, and narrative are required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.

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D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4261	Osseous surgery (including flap entry and closure), one to three teeth, per quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4263	Bone replacement graft - first site in quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4264	Bone replacement graft - each additional site in quadrant	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4265	Biologic materials to aid in soft and osseous tissue regeneration	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4267	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4270	Pedicle soft tissue graft procedure	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.

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D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	C-PA	C-PA	N	N	Clinical notes, periodontal charting, copy of most recent full mouth x-rays, and narrative required with authorization request or retro-review claim. Retro-review is not a guarantee of payment.
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
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	N	Full mouth x-rays and clinical notes
D4276	Combined connective tissue and double pedicle graft, per tooth	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D4320	Provisional splinting - intracoronal	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D4321	Provisional splinting - extracoronal	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D4341	Periodontal scaling and root planning, four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	C-PA	N	N	X-rays, clinical notes & periodontal charting
D4342	Periodontal scaling and root planning - one to three teeth, per quad	C-PA	C-PA	N	N	X-rays, clinical notes & periodontal charting
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	C-PA	C-PA	N	N	X-rays, clinical notes & periodontal charting
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	C-PA	C-PA	N	N	X-rays, clinical notes & periodontal charting
D4910	Periodontal Maintenance	C	C	N	N	Periodontal diagnosis with history of periodontal scaling required
D4920	Unscheduled dressing change (by someone other than treating dentist)	C-PA	C-PA	N	N	Narrative or clinical notes
D4999	Unspecified Periodontal Procedure, By Report	C-PA	C-PA	N	N	X-rays, clinical notes & periodontal charting
<b>Prosthodontics (when medically necessary)</b>						
Allowance for partial and complete dentures include adjustments within 6 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.						
D5110	Complete denture - maxillary	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5120	Complete denture - mandibular	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5130	Immediate denture - maxillary	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5140	Immediate denture - mandibular	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5211	Maxillary partial denture - resin base	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes

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			ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Not subject to \$1000 annual limit	
D5212	Mandibular partial denture - resin base	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5213	Maxillary partial denture-cast metal framework with resin denture bases	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5214	Mandibular partial denture-cast metal framework with resin denture bases	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5223	Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5224	Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	C-PA	C-PA	N	N	Full mouth x-rays and clinical notes
D5410	Adjust complete denture - maxillary	C	C	N	N	
D5411	Adjust complete denture - mandibular	C	C	N	N	
D5421	Adjust partial denture - maxillary	C	C	N	N	
D5422	Adjust partial denture - mandibular	C	C	N	N	
D5510	Repair broken complete denture base	C	C	N	N	
D5520	Replace missing or broken teeth - complete denture (each tooth)	C	C	N	N	
D5610	Repair resin denture base - partial denture	C	C	N	N	
D5620	Repair cast framework - partial denture	C	C	N	N	
D5630	Repair or replace broken clasp - partial denture	C	C	N	N	
D5640	Replace broken teeth (per tooth) - partial denture	C	C	N	N	
D5650	Add tooth to existing partial denture	C-PA	C-PA	N	N	Clinical notes
D5660	Add clasp to existing partial denture - per tooth	C-PA	C-PA	N	N	Clinical notes
D5710	Rebase complete maxillary denture	C-PA	C-PA	N	N	Clinical notes
D5711	Rebase complete mandibular denture	C-PA	C-PA	N	N	Clinical notes
D5720	Rebase maxillary partial denture	C-PA	C-PA	N	N	Clinical notes
D5721	Rebase mandibular partial denture	C-PA	C-PA	N	N	Clinical notes

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D5730	Reline complete maxillary denture (chair side)	C-PA	C-PA	N	N	Clinical notes
D5731	Reline complete mandibular denture (chair side)	C-PA	C-PA	N	N	Clinical notes
D5740	Reline maxillary partial denture (chair side)	C-PA	C-PA	N	N	Clinical notes
D5741	Reline mandibular partial denture (chair side)	C-PA	C-PA	N	N	Clinical notes
D5750	Reline complete maxillary denture (lab)	C-PA	C-PA	N	N	Clinical notes
D5751	Reline complete mandibular denture (lab)	C-PA	C-PA	N	N	Clinical notes
D5760	Reline maxillary partial denture (lab)	C-PA	C-PA	N	N	Clinical notes
D5761	Reline mandibular partial denture (lab)	C-PA	C-PA	N	N	Clinical notes
D5820	Interim partial denture (maxillary)	C-PA	C-PA	N	N	Clinical notes
D5821	Interim partial denture (mandibular)	C-PA	C-PA	N	N	Clinical notes
D5850	Tissue conditioning (maxillary)	C-PA	C-PA	N	N	Clinical notes
D5851	Tissue conditioning (mandibular)	C-PA	C-PA	N	N	Clinical notes
D5899	Unspecified removable prosthodontic procedure, by report	C-PA	C-PA	N	N	Narrative or Clinical notes
D5911	Facial moulage (sectional)	C-PA	C-PA	N	N	Narrative or Clinical notes
D5912	Facial moulage (complete)	C-PA	C-PA	N	N	Narrative or Clinical notes
D5913	Nasal prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5914	Auricular prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5915	Orbital prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5916	Ocular prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5919	Facial prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5922	Nasal septal prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5923	Ocular prosthesis, interim	C-PA	C-PA	N	N	Narrative or Clinical notes
D5924	Cranial prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5925	Facial augmentation implant prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5926	Nasal prosthesis, replacement	C-PA	C-PA	N	N	Narrative or Clinical notes
D5927	Auricular prosthesis, replacement	C-PA	C-PA	N	N	Narrative or Clinical notes
D5928	Orbital prosthesis, replacement	C-PA	C-PA	N	N	Narrative or Clinical notes
D5929	Facial prosthesis, replacement	C-PA	C-PA	N	N	Narrative or Clinical notes
D5931	Orbturator prosthesis, surgical	C-PA	C-PA	N	N	Narrative or Clinical notes
D5932	Obturator prosthesis, definitive	C-PA	C-PA	N	N	Narrative or Clinical notes
D5933	Obturator prosthesis, modification	C-PA	C-PA	N	N	Narrative or Clinical notes
D5934	Mandibular resection of prosthesis with guided flange	C-PA	C-PA	N	N	Narrative or Clinical notes
D5935	Mandibular resection prosthesis without guide flange	C-PA	C-PA	N	N	Narrative or Clinical notes
D5936	Obturator prosthesis, interim	C-PA	C-PA	N	N	Narrative or Clinical notes
D5937	Trismus appliance (not for TMD treatment)	C-PA	C-PA	N	N	Narrative or Clinical notes

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D5951	Feeding Aid	C-PA	C-PA	N	N	Narrative or Clinical notes
D5952	Speech aid prosthesis, pediatric	C-PA (0-16)	C-PA	N	N	Narrative or Clinical notes
D5953	Speech aid prosthesis, adult	C-PA (16-20)	C-PA	N	N	Narrative or Clinical notes
D5954	Palatal augmentation prosthesis	C-PA	C-PA	N	N	Narrative or Clinical notes
D5955	Palatal lift prosthesis, definitive	C-PA	C-PA	N	N	Narrative or Clinical notes
D5958	Palatal lift prosthesis, interim	C-PA	C-PA	N	N	Narrative or Clinical notes
D5959	Palatal lift prosthesis, modification	C-PA	C-PA	N	N	Narrative or Clinical notes
D5960	Speech aid prosthesis, modification	C-PA	C-PA	N	N	Narrative or Clinical notes
D5982	Surgical stent	C-PA	C-PA	N	N	Narrative or Clinical notes
D5983	Radiation Carrier	C-PA	C-PA	N	N	Narrative or Clinical notes
D5984	Radiation shield	C-PA	C-PA	N	N	Narrative or Clinical notes
D5985	Radiation cone locator	C-PA	C-PA	N	N	Narrative or Clinical notes
D5986	Fluoride Gel Carrier	C-PA	C-PA	N	N	Narrative or Clinical notes
D5987	Commissure splint	C-PA	C-PA	N	N	Narrative or Clinical notes
D5988	Surgical splint	C-PA	C-PA	N	N	Narrative or Clinical notes
D5991	Vesiculobullous disease medicament carrier	C-PA	C-PA	N	N	Allowed once per month Narrative or clinical notes
D5992	Adjust maxillofacial prosthetic appliance, by report	C-PA	C-PA	N	N	Narrative or Clinical notes
D5999	Unspecified maxillofacial prosthesis, by report	C-PA	C-PA	N	N	Narrative or Clinical notes
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(prophy) or D4910(perio maint)	C-PA	C-PA	N	N	X-rays, narrative, and clinical notes
D6999	Unspecified fixed prosthodontic procedure, by report	C-PA (ages18-20)	C-PA	N	N	Full mouth x-rays, narrative, and clinical notes

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<b>ORAL AND MAXILLOFACIAL SURGERY (SYMPTOMATIC TEETH ONLY)</b> Extractions of <i>naturally exfoliating teeth</i> are <i>not a covered benefit</i> Extractions will <i>not be authorized within 6 months of restorative treatment</i> 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 3. extraction(s) is NOT for the prophylactic extraction of third molars						
D7111	Coronal remnants - deciduous tooth - erupted tooth or exposed root elevation	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
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-RR	N	Periapical x-ray and clinical notes
D7210	Surgical removal of erupted tooth	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7220	Surgical removal of impacted tooth - soft tissue	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7230	Surgical removal of impacted tooth - partially bony	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7240	Surgical removal of impacted tooth - completely bony	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7241	Removal of impacted tooth completely bony, with unusual surgical complications, by report	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7250	Surgical removal of residual tooth roots (cutting procedure)	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7251	Coronectomy - intentional partial tooth removal	C-PA	C-PA	C-RR	N	Periapical x-ray and clinical notes
D7260	Oral antral fistula closure	C-PA	C-PA	C-RR	C-PA	Periapical x-ray and clinical notes
D7261	Primary closure of a sinus perforation	C-PA	C-PA	C-RR	C-PA	Periapical x-ray and clinical notes
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	C-PA	C-PA	C-RR	N	Periapical x-ray, clinical notes, and narrative with retrospective review claim
D7280	Surgical access of an unerupted tooth	C-PA	C-PA	N	N	Periapical x-ray and clinical notes

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D7282	Mobilization of erupted or malpositioned tooth to aid eruption	C-PA	C-PA	N	N	Periapical x-ray and clinical notes
D7283	Placement of device to facilitate eruption of impacted tooth	C-PA	C-PA	N	N	Periapical x-ray and clinical notes
D7285	Biopsy of oral tissue - hard (bone, teeth)	C-PA	C-PA	C-RR	C-PA	Periapical x-ray and clinical notes
D7286	Biopsy of oral tissue - soft (all others)	C-PA	C-PA	C-RR	C-PA	Periapical x-ray and clinical notes
D7292	Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	C-PA	C-PA	N	C-PA	Narrative or Clinical notes
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal	C-PA	C-PA	N	C-PA	Clinical notes, and narrative
D7294	Surgical placement of temporary anchorage device without flap; includes device removal	C-PA	C-PA	N	C-PA	Periapical x-ray, clinical notes, and narrative
D7310	Alveoloplasty in conjunction with extractions - per quadrant	C-PA	C-PA	C-RR	N	Periapical x-ray, clinical notes, and narrative
D7311	Alveoloplasty in conjunction with extractions- 1-3 teeth	C-PA	C-PA	C-RR	N	Periapical x-ray, clinical notes, and narrative
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	C-PA	C-PA	C-RR	N	Periapical x-ray, clinical notes, and narrative
D7321	Alveoloplasty in conjunction w/o extractions- 1-3 teeth	C-PA	C-PA	C-RR	N	Periapical x-ray, clinical notes, and narrative
D7410	Excision of benign lesion up to 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7411	Excision of benign lesion greater than 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7412	Excision of benign lesion, complicated	C-PA	C-PA	N	C-PA	Periapical x-ray, clinical notes, and narrative
D7413	Excision of malignant lesion up to 1.25 cm	C-PA	C-PA	N	C-PA	Periapical x-ray, clinical notes, and narrative
D7414	Excision of malignant lesion greater than 1.25 cm	C-PA	C-PA	N	C-PA	Periapical x-ray, clinical notes, and narrative
D7415	Excision of malignant lesion, complicated	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative

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D7450	Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7451	Removal of benign odontogenic cyst or tumor, lesion diameter over 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7460	Removal of benign nonodontogenic cyst or tumor, lesion diameter of to 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7461	Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7465	Destruction of lesion(s) by physical or chemical methods, by report	C-PA	C-PA	C-RR	C-PA	Periapical x-ray, clinical notes, and narrative
D7471	Removal of lateral exostosis, (maxilla or mandible)	C-PA	C-PA	N	N	Periapical x-ray, clinical notes, and narrative
D7472	Removal of torus palatinus	C-PA	C-PA	N	N	Periapical x-ray, clinical notes, and narrative
D7473	Removal of torus mandibularis	C-PA	C-PA	N	N	Periapical x-ray, clinical notes, and narrative
D7485	Surgical reduction of osseous tuberosity	C-PA	C-PA	N	N	Periapical x-ray, clinical notes, and narrative
D7490	Radical resection of mandible with bone graft	C-PA	C-PA	N	C-PA	Periapical x-ray, clinical notes, and narrative
D7510	Incision and drainage of abscess-intraoral soft tissue	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7520	Incision and drainage of abscess – extraoral soft tissue	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7521	Incision and drainage of abscess – extraoral soft tissue-complicated	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7530	Removal of foreign body from mucosa	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7540	Removal of reaction producing foreign bodies	C	C	C-RR	C	Periapical x-ray and clinical notes required with claim
D7550	Partial osteoectomy/sequestrectomy for removal of non-vital bone	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7610	Maxilla-open reduction(teeth immobilized)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7620	Maxilla-closed reduction(teeth immobilized)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7630	Mandible-open reduction(teeth immobilized)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes

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D7640	Mandible-closed reduction(teeth immobilized)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7650	Malar and/or zygomatic arch open reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7660	Malar and/or zygomatic arch closed reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7670	Alveolus-closed reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7671	Alveolus-open reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7680	Facial bones-complicated reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7710	Maxilla-open reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7720	Maxilla-closed reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7730	Mandible-open reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7740	Mandible-closed reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7750	Malar and/or zygomatic arch-open reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7760	Malar and/or zygomatic arch-closed reduction	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7770	Alveolus-open reduction stabilization of teeth	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7771	Alveolus-closed reduction stabilization of teeth	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7780	Facial bones-complicated reduction with fixation	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7810	Open reduction of dislocation	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7820	Closed reduction of dislocation	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7830	Manipulation under anesthesia	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7840	Condylectomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes

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D7850	Surgical discectomy; with/without implant	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7852	Disc repair	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7854	Synovectomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7856	Myotomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7858	Joint reconstruction	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7860	Arthrotomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7865	Arthroplasty	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7870	Arthrocentesis	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7871	Non-arthroscopic lysis and lavage	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7872	Arthroscopy-diagnosis, with or without biopsy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7873	Arthroscopy-surgical: lavage and lysis of adhesions	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7874	Arthroscopy-surgical: disc repositioning and stabilization	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7875	Arthroscopy-surgical: synovectomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7876	Arthroscopy-surgical: discectomy	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7877	Arthroscopy-surgical: debridement	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7880	Occlusal orthotic appliance	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7899	Unspecified TMD therapy, by report	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7910	Suture of recent small wounds up to 5cm	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7911	Complicated suture- up to 5 cm	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes

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D7912	Complicated suture-greater than 5 cm	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7920	Skin graft (identify defect covered, location, and type of graft)	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7940	Osteoplasty - for orthognathic deformities	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7941	Osteotomy - mandibular rami	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7944	Osteotomy - segmented or subapical	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7945	Osteotomy - body of mandible	C-PA	C-PA	N	C-PA	Appropriate x-rays, narrative, and clinical notes
D7946	LeFort I (maxilla - total)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7947	LeFort I (maxilla - segmented)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7948	Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7949	Lefort II or Lefort III - with bone graft	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7950	Asseous, osteoperisteal, or cartilage graft of the mandible or maxilla	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7953	Bone replacement graft for ridge preservation-per site	C-PA	C-PA	N	N	Full mouth x-rays, narrative, and clinical notes
D7955	Repair of maxillofacial soft and/or hard tissue defect	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7960	Frenulectomy-also known as frenectomy or frenotomy	C-PA	C-PA	N	N	Full mouth x-rays, narrative, and clinical notes
D7963	Frenuloplasty	C-PA	C-PA	N	N	Full mouth x-rays, narrative, and clinical notes
D7970	Excision of hyperplastic tissue-per arch	C-PA	C-PA	C-RR	N	Full mouth x-rays, narrative, and clinical notes

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D7971	Excision of pericoronal gingiva	C-PA	C-PA	C-RR	N	Full mouth x-rays, narrative, and clinical notes
D7972	Surgical reduction of fibrous tuberosity	C-PA	C-PA	C-RR	N	Full mouth x-rays, narrative, and clinical notes
D7980	Sialolithotomy	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7981	Excision of salivary gland, by report	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7982	Sialodochoplasty	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7983	Closure of salivary fistula	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
D7990	Emergency tracheotomy	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7991	Coronoidectomy	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7995	Synthetic graft-mandible or facial bones, by report	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7996	Implant-mandible for augmentation purposes, by report	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7997	Appliance removal(not by dentist who placed appliance)	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	C-PA	C-PA	N	C-PA	Full mouth x-rays, narrative, and clinical notes
D7999	Unspecified oral surgery procedure, by report	C-PA	C-PA	C-RR	C-PA	Full mouth x-rays, narrative, and clinical notes
<b>Orthodontia</b>						
Braces simply 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	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8020	limited orthodontic treatment of the transitional dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8030	limited orthodontic treatment of the adolescent dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8040	limited orthodontic treatment of the adult dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required

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D8050	interceptive orthodontic treatment of the primary dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8060	interceptive orthodontic treatment of the transitional dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8070	comprehensive orthodontic treatment of the transitional dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8080	comprehensive orthodontic treatment of the adolescent dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8090	comprehensive orthodontic treatment of the adult dentition	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8210	removable appliance therapy	C-PA	C-PA	N	N	Full mouth x-rays, narrative and clinical notes
D8220	fixed appliance therapy	C-PA	C-PA	N	N	Full mouth x-rays, narrative and clinical notes
D8660	pre-orthodontic treatment visit	C-PA	C-PA	N	N	Full mouth x-rays, narrative and clinical notes
D8670	Periodic orthodontic treatment visit	C	C	N	N	Allowed once per month
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))	C-PA	C-PA	N	N	Allowed once per lifetime Full mouth x-rays and clinical notes required
D8690	orthodontic treatment(alternative billing to a contract fee)	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D8691	repair of orthodontic appliance	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes
D8692	replacement of lost or broken retainer	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes
D8693	Re-bonding or re-cementing of fixed retainers	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes
D8694	Repair of fixed retainers, includes reattachment	C-PA	C-PA	N	N	Narrative and clinical notes
D8999	unspecified orthodontic procedure, by report	C-PA	C-PA	N	N	Full mouth x-rays, narrative, clinical notes, and letter from PCP required
D9110	Palliative(emergency) treatment of dental pain-minor procedure	C	C	N	N	X-rays, narrative, and clinical notes required. Not a covered procedure if other procedures are reported on same date of service, and same tooth is treated.

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D9120	Fixed partial denture sectioning	C-PA	C-PA	N	N	Full mouth x-rays, narrative, and clinical notes
<b>ANESTHESIA SERVICES</b> <b>Treating Dentist must indicate on prior authorization if anesthesia services are to be performed by an in-network Anesthesiologist.</b> <b>Pre-authorization request for general anesthesia must include documentation to warrant medical necessity of general anesthesia.</b> <b>Upon approval, the treating dentist will receive an authorization notification. Once treatment has been completed, <u>the Anesthesiologist will submit for the GA performed, including a narrative and anesthesia log for retrospective review of claim.</u></b>						
D9210	Local anesthesia not in conjunction with operative or surgical procedures	C-PA	C-PA	N	N	X-rays, narrative, and clinical notes required. Not a covered procedure if other procedures are reported on same date of service, and same area is treated.
D9223	Deep sedation/general anesthesia-15 minute increments	C-PA	C-PA	C-RR	C-PA	Narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 12.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	C-PA	C-PA	C-RR	C-PA	Narrative & medical history must be included with authorization request or retrospective review claim.
D9243	Intravenous moderate (conscious) sedation/analgesia-15 minute increments	C-PA	C-PA	C-RR	C-PA	Narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 12.
D9248	Non-intravenous conscious sedation	C-PA	C-PA	C-RR	C-PA	Narrative & medical history must be included with authorization request or retrospective review claim.
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	C	C	N	N	Narrative or Clinical notes
D9410	House/extended care facility call	C-PA	C-PA	N	C-PA	Narrative and medical history
D9420	Professional visit, hospital call	C-PA	C-PA	N	C-PA	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	N	Periapical x-ray and clinical notes
D9440	Office visit - after regularly scheduled hours	C	C	N	N	Periapical x-ray and clinical notes
D9610	Therapeutic parenteral drug, single administration	C-PA	C-PA	N	N	Periapical x-ray and clinical notes

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D9612	Therapeutic parenteral drugs, two or more administrations, different medications	C-PA	C-PA	N	N	Periapical x-ray and clinical notes
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	C	C	N	N	Periapical x-ray and clinical notes
D9940	occlusal guards, by report	C-PA	C-PA	N	N	Periapical x-ray and clinical notes
D9951	occlusal adjustment-limited	C-PA	C-PA	N	N	Full mouth x-rays, clinical notes, and narrative. Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease.
D9999	unspecified adjunctive procedure, by report	C-PA	C-PA	N	N	Periapical x-ray and clinical notes

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