UnitedHealthcare Community Plan of New York Child Health Plus (CHP) Medicaid Dental Quick Reference Guide

Effective: June 1, 2025



UHCdental.com/medicaid

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

To register for the Dental Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.



Provider services

Phone: 1-800-304-0634

8 a.m.-5 p.m. EST Monday-Friday (IVR: 24/7)

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



Prior authorization

UnitedHealthcare Community Plan NY Attn: Prior Authorization P.O. Box 2067 Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan NY Attn: Appeals Department P.O. Box 31364 Salt Lake City, UT 84131

Toll-free: 1-800-493-4647



Claims

UnitedHealthcare Community Plan NY Attn: Claims P.O. Box 2061 Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Community Plan NY Attn: Claims Disputes P.O. Box 31364 Salt Lake City,UT 84131

Corrected claims

UnitedHealthcare Community Plan NY Corrected Claims P.O. Box 481 Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information. It is subject to change without notice. For current detailed benefit information, please visit the Dental Hub or call our Provider Services toll free number.



Dental Benefit Providers

Sample member ID card





Prior Authorization

All procedures that contain a "YES" in the "AUTH" section below will require prior authorization. To request a prior authorization, complete a standard ADA claim form, check the box marked "Pre-Treatment Estimate" and submit the required documentation. This may be sent via the provider portal, submitted electronically via your clearinghouse, or mailed to the above Prior Authorizations address. The documents required to complete the authorization review are listed in the Clinical Documentation section below. Prior Authorization is not a guarantee of payment.

Limitations

Procedures are limited to the frequency limits listed in the Limitations section below.

- "Plan Year" refers to a single calendar year (i.e. 01/01/2025-12/31/2025)
- A "Floating Year" is based on the date of service. For instance, if a procedure is allowed once every two Floating Years and the treatment is provided on 06/01/2023, the patient will not be eligible for this procedure again until 06/01/2025.
- Codeset Limits: Any procedures that include a Codeset Limitation have limitations that are connected to other procedures. For instance, Bitewings are limited to one set per six months. This Codeset includes four procedures: D0270, D0272, D0273, D0274.

Orthodontics for severe physically handicapping malocclusions:

Orthodontic covered services include orthodontic care for severe physically handicapping malocclusions as a once in a lifetime benefit that will be reimbursed for an eligible member for a maximum of three years of active orthodontic care, plus one year of retention care. Retreatment for relapsed cases is not a covered service.

Treatment must be pre-approved and active therapy must begin (appliances placed and activated) prior to an eligible member's 19th birthday. Treating providers must complete the "Standard New York CHIP Benefit Orthodontic Review Form" along with cephalometric image, panoramic image, 5-7 intraoral photographs. The form can be found in this QRG or at **UHCdental.com/medicaid**.

Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements; therefore, this Grid is subject to change. For the most updated member benefits, exclusions, and limitations please visit our website at **UHCdental.com/medicaid**.

CHP Benefit Grid

Code	Description of service	Frequency limits	Prior auth required	Required documents
D0120	Periodic Oral Exam	1 per code every 6 Months	No	
00140	Limited Oral Evaluation - Problem Focused		No	
00145	Oral Evaluation, Patient Under Three		No	
00150	Comprehensive Oral Evaluation - New Or Established Patient	1 per code every 12 Months	No	
00160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	2 per code every 12 Months	No	
00170	Re-Evaluation - Limited, Problem Focused		No No	
0180	Comprehensive periodontal evaluation	2 per code every 12 Months	No	
00210	Intraoral - Comprehensive Series of Radiographic Images	1 per code every 36 Months	No	
00220	Intraoral - Periapical First Radiographic Image		No	
0230	Intraoral - Periapical Each Additional Image		No	
0240	Intraoral - Occlusal Radiographic Image	2 per code every 36 Months	No	
0250	Extraoral - 2D Projection Radiographic image		No	
00251	Extra-Oral Posterior Dental Radiographic Image	2 per code every 12 Months	No	
00270	Bitewing - Single Radiographic Image	2 per code every 12 Months	No	
00272	Bitewings - Two Radiographic Images	2 per code every 12 Months	No	
00273	Bitewings - Three Radiographic Images	2 per code every 12 Months	No	
0274	Bitewings - Four Radiographic Images	2 per code every 12 Months	No	
00310	Sialography		No	
00320	Temporomandibular Joint Arthrogram, Including Injection		No	
00321	Other Temporomandibular Joint Radiographic Images, By Report		No	
0330	Panoramic Radiographic Image	1 per code every 36 Months	No	
0340	2D Cephalometric Radiographic Image	1 per code every 12 Months	No	
0350	Oral/Facial Photographic Images	1 per code every 12 Months	No	
0364	Cone Beam - Less Than One Whole Jaw		Yes	Panoramic, narrative of medical necessity
0365	Cone Beam - One Full Dental Arch - Mandible		Yes	Panoramic, narrative of medical necessity
0366	Cone Beam - One Full Dental Arch - Maxilla		Yes	Panoramic, narrative of medical necessity
0367	Cone Beam - Both Jaws	1 per code every 5 Years	Yes	Panoramic, narrative of medical necessity
0368	Cone Beam o TMJ Series		Yes	Panoramic, narrative of medical necessity
0470	Diagnostic Casts	1 per code every 24 Months	No	
0474	Accession Of Tissue, Gross And Microscopic Examination		No	
0502	Other Pathology Procedures, By Report	2 per code every 12 Months	No	
0999	Unspecified Diagnostic Procedures, By Report			
1110	Prophylaxis - Adult	2 per code every 12 Months	No	
1120	Prophylaxis - Child	2 per code every 12 Months	No	
01206	Tonical Application Of Eluorida Varnich	4 per code every 12 Months	No	
oraca applica	Topical Application Of Fluoride Varnish	2 per code every 12 Months		

Code	Description of service	Frequency limits	Prior auth required	Required documents
D1000	Total Andication of Physics	4 per code every 12 Months	No	
D1208	Topical Application of Fluoride	2 per code every 12 Months		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	2 per code every 12 Months	No	
D1351	Sealant - Per Tooth	1 per code per tooth every 36 Months	No	
D1510	Space Maintainer - Fixed - Unilateral - per quadrant		No	
D1516	Space Maintainer - Fixed - Bilateral, maxillary		No	
D1517	Space Maintainer - Fixed - Bilateral, mandibular		No	
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	1 per code every Accum Year	No	
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	1 per code every Accum Year	No	
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	1 per code per quadrant every Accum Year	No	
D1575	Distal shoe space maintainer - fixed - per quadrant	1 per code per quadrant every Accum Year	No	
D2140	Amalgam - One Surface, Primary Or Permanent		No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent		No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent		No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent		No	
D2330	Resin-Based Composite - One Surface, Anterior		No	
D2331	Resin-Based Composite - Two Surfaces, Anterior		No	
D2332	Resin-Based Composite - Three Surfaces, Anterior		No	
D2335	resin-based composite - four or more surfaces (anterior)		No	
D2390	Resin-Based Composite Crown, Anterior		No	
D2391	Resin-Based Composite - One Surface, Posterior		No	
D2392	Resin-Based Composite - Two Surfaces, Posterior		No	
D2393	Resin-Based Composite - Three Surfaces, Posterior		No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior		No	
D2710	Crown - Resin-Based Composite (Indirect)	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2720	Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2721	Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2722	Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2740	Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2750	Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2752	Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes	Pre-op Xrays, narr, specific tests if cracked tth synd, post RCT PA (if RCT)
D2780	Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2781	Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2782	Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2790	Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2791	Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays

D27942 Crown-Full Cast Noble Metal 1 per code per tooth every 5 Years Ves FMX or panoramic x-rays	Code	Description of service	Frequency limits	Prior auth required	Required documents
Degotor Prefabricated Stainless Steel Crown Primary Tooth Prefabricated Stainless Steel Crown Prefabricated Stainless Steel Crown Primary Tooth Prefabricated Stainless Steel Crown Prefabricated Stainless Steel Crown Primary Tooth Prefabricated Stainless Steel Crown Primary Tooth Prefabricated Stainless Steel Crown Primary Tooth Prefabricated Prost And Core In Addition To Crown, Indirectly Fabricated Post And Core In Addition To Crown, Indirectly Fabricated Post And Core In Addition To Crown, Indirectly Fabricated Post And Core In Addition To Crown Prefabricated Prost And Core In Additi	D2792	Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D2930 Prefabricated Stainless Steel Crown - Primary Tooth D2932 Prefabricated Stainless Steel Crown - permanent tooth D2933 Prefabricated Stainless Steel Crown - permanent tooth D2934 Prefabricated Stainless Steel Crown - I per code per tooth every 24 Months D2935 Prefabricated Stainless Steel Crown - I per code per tooth every 5 Years D2936 Pin Retention - Per Tooth, In Addition To Restoration D2937 Prefabricated Stainless Steel Crown - I per code per tooth every 5 Years D2938 Prefabricated Stainless Steel Crown - I per code per tooth every 9 Years D2939 Prefabricated Stainless Steel Crown, Indirectly Fabricated D2930 Post And Core In Addition To Crown, Indirectly Fabricated D2930 Prefabricated Post And Core In Addition To Crown D2930 Prefabricated Post And Core In Addition To Crown D2930 Post Removal D2930 Post Removal D2930 Post Removal D2930 Crown Repair D2930 Unspecified Restorative Procedure, By Report D2930 Unspecified Restorative Procedure, By Report D2930 Pulpal Therapy (Resorbable Filling) - Anterior, Primary D3230 Pulpal Therapy (Resorbable Filling) - Posterior, Primary D3230 Pulpal Therapy (Resorbable Filling) - Posterior, Primary D3230 Post Removal D3230 Restoration) D3330 Restoration D	D2794	crown - titanium and titanium alloys	1 per code per tooth every 5 Years	No	
Description of procedure and narrative of medical necessity Post Processity P	D2920	Re-Cement or Re-Bond Crown		No	
Prefabricated Resin Crown 1 per code per tooth every 24 No No No Prefabricated Stainless Steel Crown With Resin Window No Prefabricated Stainless Steel Crown With Resin Window No Prefabricated Stainless Steel Crown With Resin Window 1 per code per tooth every 5 Years No Prefabricated Stainless Steel Crown 1 per code per tooth every 12 No Prefabricated Post And Core In Addition To Crown, Indirectly Fabricated 1 per code per tooth every 5 Years Yes Pre-op x-rays of adjacent teeth and opposing teeth No Pre-op x-rays of adjacent teeth and opposing teet	D2930	Prefabricated Stainless Steel Crown - Primary Tooth		No	
Months No Prefabricated Stainless Steel Crown With Resin Window Primary Tooth D2934 Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth Primary Tooth D2955 Pin Retention - Per Tooth, In Addition To Restoration D2956 Post Removal D2957 Post Removal D2957 Post Removal D2958 Post Removal D2959 Post Removal D2959 Post Removal D2950 Crown Repair D2950 Post Removal D2950 Post Removal D2950 Post Removal D2950 Post Removal D2960 Crown Repair D2960 Post Removal D2970 Unspecified Restorative Procedure, By Report D2970 Unspecified Restorative Procedure, By Report D2970 Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D2970 Pulpal Therapy Premolar Tooth (Excluding Final Electime D2970 Pulpal Therapy Pr	D2931	prefabricated stainless steel crown - permanent tooth		No	
Prefabricated Esthetic Coated Stainless Steel Crown	D2932	Prefabricated Resin Crown		No	
Primary Tooth 1 per code per tooth every 12 No Months 1 per code per tooth every 12 No Months 1 per code per tooth every 5 Years Pre-op x-rays of adjacent teeth and opposing teeth 1 per code per tooth every 5 Years Pre-op x-rays of adjacent teeth and opposing teeth 1 per code per tooth every 5 Years Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of medical necessity Pre-op x-rays of adjacent teeth and opposing teeth No Description of procedure and narrative of precedure and narrative of medical necessity No Description of procedure and narrative of medical necessity No Description of procedure and narrative of precedure and narrative of medical necessity No Description of procedure and narrative of precedure and narrative of precedure and narrative of necessity and narrative of medical necessity No Description of	D2933	Prefabricated Stainless Steel Crown With Resin Window		No	
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D2954 Prefabricated Post And Core In Addition To Crown 1 per code per tooth every 5 Yeas Pre-parage of adjacent teeth and opposing teeth No D2960 Crown Repair D2999 Unspecified Restorative Procedure, By Report D2999 Unspecified Restorative Procedure, By Report D2900 Therapeutic Pulpotomy D200 Therapeu	D2951	Pin Retention - Per Tooth, In Addition To Restoration		No	
D2985 Post Removal No Crown Repair D2980 Crown Repair D2999 Unspecified Restorative Procedure, By Report D3220 Therapeutic Pulpotomy Liper code per tooth every Lifetime D3220 Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D3200 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3300 Endodontic Therapy Premolar Tooth (Excluding Final Restoration) D3300 Endodontic Therapy, Molar tooth (Excluding Final Restoration) D3300 Endodontic Therapy, Molar tooth (Excluding Final Liper code per tooth every Lifetime D3300 Endodontic Therapy, Molar tooth (Excluding Final Restoration) D3300 Endodontic Therapy, Molar tooth (Excluding Final Liper code per tooth every Lifetime D3300 Endodontic Therapy, Molar tooth (Excluding Final Liper code per tooth every Lifetime D3300 Endodontic Therapy Robert can I Therapy - Anterior D3300 Endodontic Therapy Robert can I Therapy - Anterior Lifetime D3300 Endodontic Therapy Robert can I Therapy - Anterior Lifetime D3300 Endodontic Therapy Robert can I Therapy - Premolar Liper code per tooth every Lifetime Ves FMX or panoramic, fill x-ray with claim D3300 Endodontic Therapy Robert can I Therapy - Premolar D3300 Endodontic Therapy Robert can I Therapy - Premolar D3300 Endodontic Therapy Robert can I Therapy - Premolar Liper code per tooth every Lifetime Ves FMX or panoramic, fill x-ray with claim D3300 Endodontic Therapy Robert can I Therapy - Premolar D3300 Endodontic Therapy Robert can I Therapy - Premolar D3300 Endodontic Therapy Robert can I Therapy - Premolar D3300 Endodontic Therapy Robert can I Therapy - Premolar Lifetime Ves FMX or panoramic, fill x-ray with claim D3300 Endodontic Therapy Endodont	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	1 per code per tooth every 5 Years	Yes	
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D2999 Unspecified Restorative Procedure, By Report The apeutic Pulpotomy I per code per tooth every Lifetime D3220 Therapeutic Pulpotomy I per code per tooth every Lifetime D3220 Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Lifetime D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Lifetime D3310 Restoration) D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3320 Endodontic Therapy Premolar Tooth (Excluding Final Liper code per tooth every Lifetime D3330 Endodontic Therapy, Molar tooth (Excluding Final Restoration) D3346 Retreatment Of Previous Root Canal Therapy - Anterior Lifetime D3347 Retreatment Of Previous Root Canal Therapy - Premolar Lifetime D3348 Retreatment Of Previous Root Canal Therapy - Molar D3348 Retreatment Of Previous Root Canal Therapy - Molar D3351 Apexification / Recalcification - Initial Visit D3352 Apexification / Recalcification - Initial Visit D3353 Apexification / Recalcification - Final Visit D3354 Apicoectomy - Anterior D3355 Apexification / Recalcification - Final Visit D3365 Apicoectomy - Premolar (First Root) D3470 Apicoectomy - Premolar (First Root) D3480 Apicoectomy - Premolar (First Root) D3490 Apicoectomy - Premolar (First Root) D3491 Apicoectomy - Premolar (First Root) D3491 Apicoectomy - Premolar (First Root) D3491 Apicoectomy - Premolar (First Root) D3492 Apicoectomy - Premolar (First Root) D3492 Apicoectomy - Premolar (First Root) D3493 Apicoectomy - Premolar (First Root) D3495 Apicoectomy - Premolar (First Root) D3495 Apicoectomy - Premolar (First Root) D3496 Apicoectomy - Premolar (First Root) D3497 Apicoectomy - Premolar (First Root) D3498 Apicoectomy - Premolar (First Root) D3497 Apicoectomy - Premolar (First Root) D3498 Apicoectomy - Premolar (First Root) D3498 Apicoectomy - Premolar (First Root) D3498 Apicoectomy - Premolar (First Root) D3499 A	D2955	Post Removal		No	
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D3200 Pulpal Therapy (Resorbable Filling) - Anterior, Primary Lifetime No	D2999	Unspecified Restorative Procedure, By Report		Yes	
Tooth D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Lifetime D3310 Restoration) D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3320 Endodontic Therapy Premolar Tooth (Excluding Final Restoration) D3320 Endodontic Therapy Premolar Tooth (Excluding Final Restoration) D3330 Endodontic Therapy, Molar tooth (Excluding Final Restoration) D3340 Restoration) D3340 Restoration D3341 Retreatment Of Previous Root Canal Therapy - Anterior D3342 Retreatment Of Previous Root Canal Therapy - Premolar D3343 Retreatment Of Previous Root Canal Therapy - Molar D3344 Retreatment Of Previous Root Canal Therapy - Molar D3345 Apexification / Recalcification - Initial Visit D3351 Apexification / Recalcification - Interim D3352 Apexification / Recalcification - Final Visit D3353 Apexification / Recalcification - Final Visit D3460 Apicoectomy - Anterior D3470 Apicoectomy - Premolar (First Root) D3470 Apicoectomy - Premolar (First Root) D3470 Apicoectomy - Molar (D3220	Therapeutic Pulpotomy		No	
Tooth D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) Endodontic Therapy Premolar Tooth (Excluding Final Restoration) D3320 Endodontic Therapy Premolar Tooth (Excluding Final Restoration) D3330 Endodontic Therapy, Molar tooth (Excluding Final Restoration) D3340 Restoration) D3340 Retreatment Of Previous Root Canal Therapy - Anterior D3341 Retreatment Of Previous Root Canal Therapy - Premolar D3342 Retreatment Of Previous Root Canal Therapy - Premolar D3343 Retreatment Of Previous Root Canal Therapy - Premolar D3344 Retreatment Of Previous Root Canal Therapy - Molar D3348 Retreatment Of Previous Root Canal Therapy - Molar D3349 Retreatment Of Previous Root Canal Therapy - Molar D3340 Apexification / Recalcification - Initial Visit D3351 Apexification / Recalcification - Initial Visit D3352 Apexification / Recalcification - Interim D3353 Apexification / Recalcification - Final Visit D3354 Apexification / Recalcification - Final Visit D3355 Apexification / Recalcification - Final Visit D3356 Apexification / Premolar (First Root) D3420 Apicoectomy - Premolar (First Root) D3421 Apicoectomy - Premolar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3440 Apicoectomy - Molar (First Root) D3455 Apicoectomy - Molar (First Root) D3466 Apicoectomy - Molar (First Root) D3477 Apicoectomy - Molar (First Root) D3478 Apicoectomy - Molar (First Root) D3479 Apicoectomy - Molar (First Root) D3470 Apicoectomy - Molar (First Root) D3471 Apicoectomy - Molar (First Root) D3471 Apicoectomy - Molar (First Root) D3472 Apicoectomy - Molar (First Root) D3473 Apicoectomy - Molar (First Root) D3474 Apicoectomy - Molar (First Root) D3475 Apicoectomy - Molar (First Root) D3476 Apicoectomy - Molar (First Root) D3477 Apicoectomy - Molar (First Root)	D3230			No	
Restoration) Lifetime Li	D3240			No	
D3330 Endodontic Therapy, Molar tooth (Excluding Final Restoration) Lifetime Test Post	D3310			Yes	FMX or panoramic, fill x-ray with claim
Restoration) Lifetime Lifetime Timx of panoramic, fill x-ray with claim D3346 Retreatment Of Previous Root Canal Therapy - Anterior D3347 Retreatment Of Previous Root Canal Therapy - Premolar D3348 Retreatment Of Previous Root Canal Therapy - Molar D3349 Retreatment Of Previous Root Canal Therapy - Molar D3351 Apexification / Recalcification - Initial Visit D3352 Apexification / Recalcification - Final Visit D3353 Apexification / Recalcification - Final Visit D3410 Apicoectomy - Anterior D3421 Apicoectomy - Premolar (First Root) Lifetime Lifetime Lifetime Root Lifetime Root Lifetime No D3425 Apicoectomy - Molar (First Root) Lifetime Lifetime No D3426 Apicoectomy - Molar (First Root) Lifetime Lifetime No Lifetime No D3426 Apicoectomy - Molar (First Root) Lifetime Lifetime No D3426 Apicoectomy - Molar (First Root) Lifetime Lifetime No Lifetime	D3320			Yes	FMX or panoramic, fill x-ray with claim
D3347 Retreatment Of Previous Root Canal Therapy - Anterior D3348 Retreatment Of Previous Root Canal Therapy - Premolar D3348 Retreatment Of Previous Root Canal Therapy - Molar D3351 Apexification / Recalcification - Initial Visit D3352 Apexification / Recalcification - Interim D3353 Apexification / Recalcification - Final Visit D3354 Apicoectomy - Anterior D3410 Apicoectomy - Premolar (First Root) D3421 Apicoectomy - Premolar (First Root) D3425 Apicoectomy - Molar (First Root) Lifetime 1 per code per tooth every Lifetime No D3426 Apicoectomy - Molar (First Root) 1 per code per tooth every Lifetime No D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3429 Apicoectomy - Molar (First Root) D3420 Apicoectomy - Molar (First Root) D3421 Apicoectomy - Molar (First Root) D3422 Apicoectomy - Molar (First Root) D3423 Apicoectomy - Molar (First Root) D3424 Apicoectomy - Molar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3436 Apicoectomy - Molar (First Root) D3440 Apicoectomy - Molar (First Root) D3450 Apicoectomy - Molar (First Root) D3460 Apicoectomy - Molar (First Root)	D3330		1 1	Yes	FMX or panoramic, fill x-ray with claim
D3348 Retreatment Of Previous Root Canal Therapy - Molar D3348 Retreatment Of Previous Root Canal Therapy - Molar D3351 Apexification / Recalcification - Initial Visit D3352 Apexification / Recalcification - Interim D3353 Apexification / Recalcification - Final Visit D3354 Apexification / Recalcification - Final Visit D3355 Apexification / Recalcification - Final Visit D3410 Apicoectomy - Anterior D3421 Apicoectomy - Premolar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3429 Apicoectomy - Molar (First Root) D3420 Apicoectomy - Molar (First Root) D3421 Apicoectomy - Molar (First Root) D3422 Apicoectomy - Molar (First Root) D3423 Apicoectomy - Molar (First Root) D3424 Apicoectomy - Molar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3429 Apicoectomy - Molar (First Root) D3420 Apicoectomy - Molar (First Root) D3421 Apicoectomy - Molar (First Root) D3422 Apicoectomy - Molar (First Root) D3423 Apicoectomy - Molar (First Root)	D3346	Retreatment Of Previous Root Canal Therapy - Anterior		Yes	FMX or panoramic, fill x-ray with claim
D3351 Apexification / Recalcification - Initial Visit	D3347	Retreatment Of Previous Root Canal Therapy - Premolar		Yes	FMX or panoramic, fill x-ray with claim
D3352 Apexification / Recalcification - Interim D3352 Apexification / Recalcification - Interim D3353 Apexification / Recalcification - Final Visit D3410 Apicoectomy - Anterior D3421 Apicoectomy - Premolar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3429 Apicoectomy - Molar (First Root) D3420 Apicoectomy - Molar (First Root) D3421 Apicoectomy - Molar (First Root) D3422 Apicoectomy - Molar (First Root) D3423 Apicoectomy - Molar (First Root) D3424 Apicoectomy - Molar (First Root) D3425 Apicoectomy - Molar (First Root)	D3348	Retreatment Of Previous Root Canal Therapy - Molar		Yes	FMX or panoramic, fill x-ray with claim
D3353 Apexification / Recalcification - Final Visit D3410 Apicoectomy - Anterior D3421 Apicoectomy - Premolar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root) D3428 Apicoectomy - Molar (First Root) D3429 Apicoectomy - Molar (First Root) D3420 Apicoectomy - Molar (First Root) D3421 Apicoectomy - Molar (First Root) D3425 Apicoectomy - Molar (First Root) D3426 Apicoectomy - Molar (First Root) D3427 Apicoectomy - Molar (First Root)	D3351	Apexification / Recalcification - Initial Visit		No	
D3410 Apicoectomy - Anterior	D3352	Apexification / Recalcification - Interim		No	
D3421 Apicoectomy - Premolar (First Root) Lifetime 1 per code per tooth every Lifetime No No 1 per code per tooth every Lifetime No No No No No No No No No N	D3353	Apexification / Recalcification - Final Visit		No	
D3421 Apicoectomy - Premiolal (Pirst Root) Lifetime 1 per code per tooth every	D3410	Apicoectomy - Anterior		No	
	D3421	Apicoectomy - Premolar (First Root)		No	
	D3425	Apicoectomy - Molar (First Root)		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D3426	Apicoectomy - Each Additional Root)	1 per code per tooth every Lifetime	No	
D3430	Retrograde Filling - Per Root	3 per code per tooth every Lifetime	No	
D3999	Unspecified Endodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	1 per code per quadrant every 24 Months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	1 per code per quadrant every 24 Months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes	Periodontal charting and pre-op x-rays
D4910	Periodontal Maintenance	2 per code every 12 Months	Yes	Date of previous perio surgical or S&C service with claim
D4999	Unspecified Periodontal Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary	1 per code every 48 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5120	Complete Denture - Mandibular	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5211	Maxillary Partial Denture - Resin Base	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5212	Mandibular Partial Denture - Resin Base	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5213	maxillary partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5214	mandibular partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5225	maxillary partial denture - flexible base (including any retentive clasping mate	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5226	mandibular partial denture - flexible base (including any retentive clasping mat	1 per code every 48 Months	Yes	FMS or PAN(if replacement: Justification of Need for Replacement Prosthesis Form), FMX or panoramic x-rays
D5410	Adjust Complete Denture - Maxillary	1 per code every 6 Months	No	
D5411	Adjust Complete Denture - Mandibular	1 per code every 6 Months	No	
D5421	Adjust Partial Denture - Maxillary	1 per code every 6 Months	No	
D5422	Adjust Partial Denture - Mandibular	1 per code every 6 Months	No	
D5511	Repair Broken Complete Denture Base - Mandibular		No	
D5512	Repair Broken Complete Denture Base - Maxillary		No	
D5520	Replace missing or broken teeth – complete denture (each tooth) – per tooth		No	
D5611	Repair Resin Partial Denture Base - Mandibular		No	
D5612	Repair Resin Partial Denture Base - Maxillary		No	
D5621	Repair Cast Partial Framework - Mandibular		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D5622	Repair Cast Partial Framework - Maxillary		No	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	1 per code per tooth every 6 Months	No	
D5640	Replace missing or broken teeth - partial denture - per tooth	1 per code per tooth every 6 Months	No	
D5650	Add tooth to existing partial denture - per tooth		No	
D5660	Add Clasp To Existing Partial Denture - Per Tooth		No	
D5710	Rebase Complete Maxillary Denture	1 per code every 12 Months	No	
D5711	Rebase Complete Mandibular Denture	1 per code every 12 Months	No	
D5720	Rebase Maxillary Partial Denture	1 per code every 12 Months	No	
D5721	Rebase Mandibular Partial Denture	1 per code every 12 Months	No	
D5730	reline complete maxillary denture (direct)	1 per code every 12 Months	No	
D5731	reline complete mandibular denture (direct)	1 per code every 12 Months	No	
D5740	reline maxillary partial denture (direct)	1 per code every 12 Months	No	
D5741	reline mandibular partial denture (direct)	1 per code every 12 Months	No	
D5750	reline complete maxillary denture (indirect)	1 per code every 12 Months	No	
D5751	reline complete mandibular denture (indirect)	1 per code every 12 Months	No	
D5760	reline maxillary partial denture (indirect)	1 per code every 12 Months	No	
D5761	reline mandibular partial denture (indirect)	1 per code every 12 Months	No	
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	1 per code every 12 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form)
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	1 per code every 12 Months	Yes	FMS or PAN(if replacement:Justification of Need for Replacement Prosthesis Form)
D5850	Tissue Conditioning, Maxillary	1 per code every 12 Months	No	
D5851	Tissue Conditioning, Mandibular	1 per code every 12 Months	No	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	_	Yes	Description of procedure and narrative of medical necessity
D5911	Facial Moulage (Sectional)		No	
D5912	Facial Moulage (Complete)		No	
D5913	Nasal Prosthesis	_	No No	
D5914	Auricular Prosthesis	_	No No	
D5915	Orbital Prosthesis	_	No No	
D5916	Ocular Prosthesis		No No	
D5919	Facial Prosthesis		No	
D5922	Nasal Septal Prosthesis		No No	
D5923	Ocular Prosthesis, Interim		No	
D5924	Cranial Prosthesis	_	No	
D5925	Facial Augmentation Implant Prosthesis	_	No No	
D5926	Nasal Posthesis, Replacement		No	
D5927	Auricular Prosthesis, Replacement		No	
D5928	Orbital Prosthesis, Replacement		No	
D5929	Facial Prosthesis, Replacement		No	
D5931	Obturator Prosthesis, Surgical		No No	

058320 Obturator Prosthesis, Definitive No 059334 Mandbudiar Recection Prosthesis Without Guide Flange No 059355 Mandbudiar Resection Prosthesis Without Guide Flange No 059356 Mandbudiar Resection Prosthesis Without Guide Flange No 059370 Trismus Appliance (Not For Tim Treatment) No 059371 Trismus Appliance (Not For Tim Treatment) No 059372 Prismus Appliance (Not For Tim Treatment) No 059373 Trismus Appliance (Not For Tim Treatment) No 059374 Palatal Quagmentation Prosthesis No 059385 Palatal Lift Prosthesis, Adult No 059395 Palatal Lift Prosthesis, Modification No 059396 Palatal Lift Prosthesis, Modification No 059397 Palatal Lift Prosthesis, Modification No 059398 Palatal Lift Prosthesis, Modification No 059399 Palatal Lift Prosthesis, Modification No 059400 Speech Aid Prosthesis, Modification No 059401 Radiation Carrier No	Code	Description of service	Frequency limits	Prior auth required	Required documents
Despit	D5932	Obturator Prosthesis, Definitive			
D5935 Mandibular Resection Prosthesis Without Guide Flange Obturator Prosthesis, Interim No D5937 Trismus Appliance (Not For Tmd Treatment) Speech Aid Prosthesis, Pediatric No D5955 Speech Aid Prosthesis, Adult Speech Aid Prosthesis, Adult No D5956 Palatal Lift Prosthesis, Definitive No D5957 Palatal Lift Prosthesis, Definitive No D5958 Palatal Lift Prosthesis, Interim No D5959 Palatal Lift Prosthesis, Modification No D5960 Speech Aid Prosthesis Modification No D5960 Speech Aid Prosthesis Modification Prosthesis Notice Modification Prost	D5933	Obturator Prosthesis, Modification		No	
D5936 Obturator Prosthesis, Interim D5937 Trismus Appliance (Not For Timd Treatment) D5931 Feeding Aid D5932 Speech Aid Prosthesis, Pediatric D5935 Speech Aid Prosthesis, Adult D5936 Palatal Augmentation Prosthesis D5937 Palatal Lift Prosthesis, Interim D5938 Palatal Lift Prosthesis, Interim D5939 Palatal Lift Prosthesis, Interim D5930 Palatal Lift Prosthesis, Modification D5930 Speech Aid Prosthesis, Modification D5930 Palatal Lift Prosthesis, Modification D5930 Speech Aid Prosthesis, Modification D5930 Speech Aid Prosthesis, Modification D5930 Speech Aid Prosthesis, Modification D5930 Relatal Lift Prosthesis, Modification D5930 Speech Aid Prosthesis, Modification D5930 Relatal Lift Prosthesis, Modification D5930 Relatal Lift Prosthesis, Modification D5930 Relation Carrier D5930 Relation Carrier D5930 Relation Cone Locator No D5930 Relation Cone Locator No D5930 Vinspecified Maxilidracial Prosthesis, By Report D5930 Vinspecified Maxilidracial Prosthesis, By Report D5930 Vinspecified Maxilidracial Prosthesis, By Report D5930 Pontic - Cast High Noble Metal D5930 Pontic - Cast Hobie Metal D5930 Pontic - Cast Roble Metal D5930 Pontic - Cast Roble Metal D5930 Pontic - Porcelain Fused To Predominanty Base Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Porcelain Fused To High Noble Metal D5930 Pontic - Resin With High Noble	D5934	Mandibular Resection Prosthesis With Guide Flange	-	No	
D5937 Trismus Appliance (Not For Tind Treatment) No D5951 Feeding Aid No D5952 Speech Aid Prosthesis, Pediatric No D5953 Speech Aid Prosthesis, Adult No D5954 Palatal Lift Prosthesis, Definitive No D5955 Palatal Lift Prosthesis, Enderim No D5959 Palatal Lift Prosthesis, Modification No D5959 Palatal Lift Prosthesis, Modification No D5960 Speech Aid Prosthesis, Modification No D5981 Radiation Carrier No D5982 Surgical Stent No D5983 Radiation Cone Locator No D5984 Radiation Cone Locator No D5985 Fluoride Gel Carrier No D5986 Fluoride Gel Carrier No D5987 Versich Geld Maxillofacial Prosthesis, By Report Ves Description of procedure and narrative or feed of the Cast High Noble Metal 1 per code per tooth every Sears Yes PMX or panoramic x-rays D6210 Pontic - Cast High Noble Metal 1 per code per	D5935	Mandibular Resection Prosthesis Without Guide Flange	-	No	
Dep51 Feeding Aid No No Dep52 Speech Aid Prosthesis, Pediatric No No Dep53 Speech Aid Prosthesis, Adult No No Dep53 Speech Aid Prosthesis, Adult No No Dep54 Palatal Augmentation Prosthesis No No Dep55 Palatal Lift Prosthesis, Definitive No No Dep55 Palatal Lift Prosthesis, Interim No No Dep56 Palatal Lift Prosthesis, Modification No Dep56 Palatal Lift Prosthesis	D5936	Obturator Prosthesis, Interim	-	No	
D6952 Speech Aid Prosthesis, Pediatric No D6954 Speech Aid Prosthesis, Adult No D6954 Palatal Lift Prosthesis, Definitive No D6955 Palatal Lift Prosthesis, Interim No D6956 Palatal Lift Prosthesis, Modification No D6957 Speech Aid Prosthesis, Modification No D6968 Speech Aid Prosthesis, Modification No D6987 Surgical Stent No D6988 Radiation Carrier No D6988 Radiation Shield No D6988 Radiation Carrier No D6989 Radiation Carrier No D6980 Recirciption of procedure and narrative of medical necessity D6987 Commissure Splint No D6988 Surgical Splint No D6999 Unspecified Maxillofacial Prosthesis, By Report Yes FMX or panoramic x-rays D6210 Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D62121 Pontic - Cast Noble Metal	D5937	Trismus Appliance (Not For Tmd Treatment)		No	
D5953 Speech Aid Prosthesis, Adult D5954 Palatal Augmentation Prosthesis D5955 Palatal Lift Prosthesis, Definitive No D5959 Palatal Lift Prosthesis, Definitive No D5959 Palatal Lift Prosthesis, Modification D5960 Speech Aid Prosthesis, Modification D5960 No D5960 Speech Aid Prosthesis, Modification D5960 Speech Aid Prosthesis, Modification D5960 No D59	D5951	Feeding Aid		No	
D5954 Palatal Augmentation Prosthesis No D5955 Palatal Lift Prosthesis, Definitive No D5958 Palatal Lift Prosthesis, Modification No D59590 Speech Aid Prosthesis, Modification No D5960 Speech Aid Prosthesis, Modification No D5982 Surgical Stent No D5983 Radiation Cone Locator No D5984 Radiation Cone Locator No D5985 Commissure Splint No D5986 Fluoride Gel Carrier No D5987 Commissure Splint No D5988 Surgical Splint No D5999 Unspecified Maxillofacial Prosthesis, By Report Yes Description of procedure and narrative of medical necessity D6210 Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6211 Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6212 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Ye	D5952	Speech Aid Prosthesis, Pediatric		No	
D69558 Palatal Lift Prosthesis, Definitive No D5958 Palatal Lift Prosthesis, Modification No D6960 Speech Aid Prosthesis, Modification No D6960 Speech Aid Prosthesis, Modification No D6982 Surgical Stent No No D6983 Radiation Carrier No No D6984 Radiation Shield No No D6985 Radiation Concludation No Image: Commissure Splint No D6986 Fluoride Gel Carrier No Image: Commissure Splint No D6987 Commissure Splint No Image: Commissure Splint No D6988 Surgical Splint No Description of procedure and narrative of medical necessity D6999 Unspecified Maxillofacial Prosthesis, By Report Yes Description of procedure and narrative of medical necessity D6210 Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6211 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or	D5953	Speech Aid Prosthesis, Adult		No	
D5958 Palatal Lift Prosthesis, Interim No D5959 Palatal Lift Prosthesis, Modification No D5960 Speech Aid Prosthesis, Modification No D5982 Surgical Stent No D5983 Radiation Carrier No D5984 Radiation Cone Locator No D5985 Radiation Cone Locator No D5987 Commissure Splint No D5988 Fluoride Gel Carrier No D5989 Unspecified Maxillofacial Prosthesis, By Report No D5999 Unspecified Maxillofacial Prosthesis, By Report Yes Description of procedure and narrative of medical necessity D6210 Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6211 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6212 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6214 pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes	D5954	Palatal Augmentation Prosthesis		No	
D5959 Palatal Lift Prosthesis, Modification No D5960 Speech Aid Prosthesis, Modification No D5982 Surgical Stent No D5983 Radiation Carrier No D5984 Radiation Carrier No D5985 Radiation Cone Locator No D5986 Radiation Cone Locator No D5987 Commissure Splint No D5987 Commissure Splint No D5988 Surgical Splint No D5999 Unspecified Maxillofacial Prosthesis, By Report Proceeding Proceeding Maxillofacial Prosthesis, By Report Proceeding Maxillofacial Prosthesis, By Report Proceeding Proceeding Maxillofacial Prosthesis, By Report Proceeding Proceedin	D5955	Palatal Lift Prosthesis, Definitive		No	
Designation	D5958	Palatal Lift Prosthesis, Interim	-	No	
D5982 Surgical Stent	D5959	Palatal Lift Prosthesis, Modification		No	
D5988 Radiation Carrier	D5960	Speech Aid Prosthesis, Modification		No	
D5984 Radiation Shield	D5982	Surgical Stent		No	
D5985 Radiation Cone Locator	D5983	Radiation Carrier		No	
D5986 Fluoride Gel Carrier No No D5987 Commissure Splint No No No D5988 Surgical Splint No No D6989 Unspecified Maxillofacial Prosthesis, By Report Yes Description of procedure and narrative of medical necessity The processity The procedure and procedure and narrative of medical necessity The procedure and procedure and narrative of medical necessity The procedure per tooth every 5 Years The procedure and narrative of medical necessity The procedure per tooth every 5 Years The procedure and narrative of medical necessity The procedure per tooth every 5 Years The procedure per tooth every 5	D5984	Radiation Shield		No	
D5987 Commissure Splint D5988 Surgical Splint D5999 Unspecified Maxillofacial Prosthesis, By Report D6210 Pontic - Cast High Noble Metal D6211 Pontic - Cast High Noble Metal D6212 Pontic - Cast Predominantly Base Metal D6213 Pontic - Cast Noble Metal D6214 Pontic - Cast Noble Metal D6215 Pontic - Cast Noble Metal D6216 Pontic - Cast Noble Metal D6217 Pontic - Cast Noble Metal D6218 Pontic - Cast Noble Metal D6219 Pontic - Cast Noble Metal D6219 Pontic - Cast Noble Metal D6210 Pontic - Cast Noble Metal D6211 Pontic - Cast Noble Metal D6212 Pontic - Cast Noble Metal D6213 Pontic - Porcelain Fused To High Noble Metal D6214 Pontic - Porcelain Fused To High Noble Metal D6215 Pontic - Porcelain Fused To Predominantly Base Metal D6216 Pontic - Porcelain Fused To Noble Metal D6217 Pontic - Porcelain Fused To Noble Metal D6218 Pontic - Porcelain fused To Noble Metal D6219 Pontic - Porcelain Fused To Noble Metal D6220 Pontic - Porcelain fused to Titanium And Titanium Alloys D6221 Pontic - Porcelain Fused To Noble Metal D6222 Pontic - Porcelain Fused To Noble Metal D6223 Pontic - Porcelain Fused To Noble Metal D623 Pontic - Porcelain Fused To Noble Metal D6244 Pontic - Porcelain Fused To Noble Metal D6255 Pontic - Resin With High Noble Metal D6256 Pontic - Resin With Predominantly Base Metal D6257 Pontic - Resin With Predominantly Base Metal D6258 Pontic - Resin With Noble Metal D6259 Pontic - Resin With Noble Metal D6250 Pontic - Resin With High Noble Metal D6251 Pontic - Resin With High Noble Metal D6252 Pontic - Resin With High Noble Metal D6253 Pontic - Resin With High Noble Metal D6254 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis D6255 Pontic - Resin With High Noble Metal D6256 Retainer - Resin With High Noble Metal D6257 Retainer Crown - Resin With Noble Metal D6258 Retainer Crown - Resin With Noble Metal D6259 Retainer Crown - Resin With Noble Metal D6250 Retainer Crow	D5985	Radiation Cone Locator		No	
D5999 Unspecified Maxillofacial Prosthesis, By Report Yes Description of procedure and narrative of medical necessity Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6211 Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6212 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6214 pontic - Untanium and titanium alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6215 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6216 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6217 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6218 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6219 Pontic - Porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6240 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6241 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6244 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6261 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6272 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D63740 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-	D5986	Fluoride Gel Carrier		No	
D5999 Unspecified Maxillofacial Prosthesis, By Report Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code p	D5987	Commissure Splint		No	
D6210 Pontic - Cast High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6211 Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6212 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6214 pontic - titanium and titanium alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6240 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6241 Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - Porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6261 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6262 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6263 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6264 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6270 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6271 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6272 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6272 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6272 Retainer Crown - Porcelain/Ceramic 1 per code per	D5988	Surgical Splint		No	
D6211 Pontic - Cast Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6212 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6214 pontic - titanium and titanium alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6240 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6241 Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - Porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6253 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6264 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per	D5999	Unspecified Maxillofacial Prosthesis, By Report		Yes	Description of procedure and narrative of medical necessity
D6212 Pontic - Cast Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6240 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6241 Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - Porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6253 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6264 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6724 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6725 FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6210	Pontic - Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6244 pontic - titanium and titanium alloys D6240 Pontic - Porcelain Fused To High Noble Metal D6241 Pontic - Porcelain Fused To High Noble Metal D6242 Pontic - Porcelain Fused To Noble Metal D6243 Pontic - Porcelain Fused To Noble Metal D6244 Pontic - Porcelain Fused To Noble Metal D6245 Pontic - Porcelain fused to Titanium And Titanium Alloys D6246 Pontic - Porcelain fused to Titanium And Titanium Alloys D6247 Pontic - Porcelain fused to Titanium And Titanium Alloys D6248 Pontic - Porcelain fused to Titanium And Titanium Alloys D6249 Pontic - Porcelain fused to Titanium And Titanium Alloys D6240 Pontic - Porcelain fused to Titanium And Titanium Alloys D6241 Pontic - Porcelain fused to Titanium And Titanium Alloys D6242 Pontic - Porcelain fused to Titanium And Titanium Alloys D6243 Pontic - Porcelain fused to Titanium And Titanium Alloys D6244 Pontic - Porcelain fused to Titanium And Titanium Alloys D6245 Pontic - Porcelain fused to Titanium And Titanium Alloys D6250 Pontic - Resin With High Noble Metal D6250 Pontic - Resin With High Noble Metal D6251 Pontic - Resin With Predominantly Base Metal D6252 Pontic - Resin With Noble Metal D6253 Pontic - Resin With Noble Metal D6254 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis D6255 Pontic - Resin With High Noble Metal D6256 Pontic - Resin With High Noble Metal D6257 Pontic - Resin With High Noble Metal D6258 Pontic - Resin With High Noble Metal D6259 Pontic - Resin With High Noble Metal D6250 Pontic - Resin With Noble Metal D6250 Pontic - Resin Wit	D6211	Pontic - Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6240 Pontic - Porcelain Fused To High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6241 Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6345 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6724 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6726 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6727 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6212	Pontic - Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6241 Pontic - Porcelain Fused To Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6353 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6214	pontic - titanium and titanium alloys	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6242 Pontic - Porcelain Fused To Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6243 Pontic - porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6354 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6240	Pontic - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
Pontic - porcelain fused to Titanium And Titanium Alloys 1 per code per tooth every 5 Years Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per c	D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6245 Pontic - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6254 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6723 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6724 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6242	Pontic - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6250 Pontic - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6545 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6243	Pontic - porcelain fused to Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes	
D6251 Pontic - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Pontic - Resin With Noble	D6245	Pontic - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6252 Pontic - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6545 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6250	Pontic - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6545 Retainer - Cast Metal For Resin Bonded Fixed Prosthesis 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6251	Pontic - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6720 Retainer Crown - Resin With High Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6252	Pontic - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6721 Retainer Crown - Resin With Predominantly Base Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6722 Retainer Crown - Resin With Noble Metal 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6720	Retainer Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6740 Retainer Crown - Porcelain/Ceramic 1 per code per tooth every 5 Years Yes FMX or panoramic x-rays	D6721	Retainer Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
	D6722	Retainer Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6750 Retainer Crown - Parcelain Fused To High Noble Metal 1 per code per tooth every 5 Vees FMY or paparamic v-raye	D6740	Retainer Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
The code her could be a code her contract of the code her code h	D6750	Retainer Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays

Code	Description of service	Frequency limits	Prior auth required	Required documents
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6752	Retainer Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes	Full arch radiographs w/Charting of missing teeth
D6780	Retainer Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	No	
D6782	Retainer Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	No	
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1 per code per tooth every 5 Years	No	
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes	Full arch radiographs w/Charting of missing teeth
D6790	Retainer Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6791	Retainer Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6792	Retainer Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes	FMX or panoramic x-rays
D6794	retainer crown - titanium and titanium alloys	1 per code per tooth every 5 Years	No	
D6930	Re-Cement Or Re-Bond Fixed Partial Denture		No	
D6980	Fixed Partial Denture Repair		Yes	Narrative of medical necessity with pre authorization
D6999	Unspecified Fixed Prosthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - PrimaryTooth	1 per code per tooth every Lifetime	No	
D7140	Extraction, Erupted Tooth Or Exposed Root	1 per code per tooth every Lifetime	No	
D7210	Extraction, Erupted Tooth	1 per code per tooth every Lifetime	No	
D7220	Removal Of Impacted Tooth - Soft Tissue	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7230	Removal Of Impacted Tooth - Partially Bony	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7240	Removal Of Impacted Tooth - Completely Bony	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	1 per code per tooth every Lifetime	Yes	Pre-op x-rays (excluding BWX)
D7250	Removal Of Residual Tooth (Cutting Procedure)	1 per code per tooth every Lifetime	No	
D7260	Oroantral Fistula Closure		No	
D7261	Primary Closure Of Sinus Perforation		No	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth		No	
D7272	Tooth Transplantation (Includes Reimplantation)		No	
D7280	Exposure of an Unerupted Tooth	1 per code per tooth every Lifetime	No	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	1 per code per tooth every Lifetime	No	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)		No	
D7286	Incisional Biopsy Of Oral Tissue - Soft		No	
D7287	Exfoliative Cytological Sample Collection		No	
D7290	Surgical Repositioning Of Teeth		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant		No	
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant		No	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth		No	
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth		No	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth		No	
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth		No	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)		No	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)		No	
D7410	Excision Of Benign Lesion Up To 1.25 Cm		No	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm		No	
D7412	Excision Of Benign Lesion, Complicated		No	
D7413	Excision Of Malignant Lesion Up To 1.25 Cm		No	
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm		No	
D7415	Excision Of Malignant Lesion, Complicated		No	
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm		No	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm		No	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No	
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report		No	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)		No	
D7472	Removal Of Torus Palatinus		No	
D7473	Removal Of Torus Mandibularis		No	
D7485	Reduction Of Osseous Tuberosity		No	
D7490	Radical Resection Of Maxilla Or Mandible		No	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue		No	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated		No	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue		No	
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated		No	
D7530	Removal Of Foreign Body From Mucosa		No	
D7540	Removal Of Reaction Producing Foreign Bodies		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non- Vital Bone		No	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body		No	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)		No	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)		No	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)		No	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)		No	
D7650	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7660	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth		No	
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth		No	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical		No	
D7710	Maxilla - Open Reduction		No	
D7720	Maxilla - Closed Reduction		No	
D7730	Mandible - Open Reduction		No	
D7740	Mandible - Closed Reduction		No	
D7750	Malar And/Or Zygomatic Arch - Open Reduction		No	
D7760	Malar And/Or Zygomatic Arch - Closed Reduction		No	
D7770	Alveolus - Open Reduction Stabilization Of Teeth		No	
D7771	Alveolus - Closed Reduction Stabilization Of Teeth		No	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches		No	
D7810	Open Reduction Of Dislocation		No	
D7820	Closed Reduction Of Dislocation		No	
D7830	Manipulation Under Anesthesia		No	
D7840	Condylectomy		No	
D7850	Surgical Discetomy, With/Without Implant		No	
D7852	Disc Repair		No	
D7854	Synovectomy		No	
D7856	Myotomy		No	
D7858	Joint Reconstruction		No	
D7860	Arthrotomy		No	
D7865	Arthroplasty		No	
D7870	Arthrocentesis		No	
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy		No	
D7873	Arthroscopy - Lavage And Lysis Of Adhesions		No	
D7874	Arthroscopy - Disc Repositioning And Stabilization		No	
D7875	Arthroscopy - Synovectomy		No	
D7876	Arthroscopy - Discectomy		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D7877	Arthroscopy - Debridement		No	
D7880	Occlusal Orthotic Device, By Report		No	
D7899	Unspecified Tmd Therapy, By Report		Yes	Description of procedure and narrative of medical necessity
D7910	Suture Of Recent Small Wounds Up To 5 Cm		No	
D7911	Complicated Suture - Up To 5 Cm		No	
D7912	Complicated Suture - Greater Than 5 Cm		No	
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)		No	
D7940	Osteoplasty - For Orthognathic Deformities		No	
D7941	Osteotomy - Mandibular Rami		No	
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft		No	
D7944	Osteotomy - Segmented Or Subapical		No No	
D7945	Osteotomy - Body Of Mandible		No	
D7946	Lefort I - (Maxilla - Total)		No	
D7947	Lefort I - (Maxilla - Segmented)		No	
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft		No	
D7949	Lefort Ii Or Lefort Iii - With Bone Graft		No	
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla		No	
D7952	Sinus Augmentation Via A Vertical Approach		No	
D7961	buccal / labial frenectomy (frenulectomy)		No	
D7962	lingual frenectomy (frenulectomy)		No	
D7970	Excision Of Hyperplastic Tissue - Per Arch		No	
D7971	Excision Of Pericoronal Gingiva		Yes	Periapical & Narrative
D7972	Surgical Reduction Of Fibrous Tuberosity		No No	
D7979	Non-Surgical Sialolithotomy		No No	
D7980	Surgical Sialolithotomy		No No	
D7981	Excision Of Salivary Gland, By Report		No No	
D7982	Sialodochoplasty		No	
D7983	Closure Of Salivary Fistula		No	
D7990	Emergency Tracheotomy		No	
D7991	Coronoidectomy		No No	
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)		No No	
D7998	Intraoral Placement Of A Fixation Device		No No	
D7999	Unspecified Oral Surgery Procedure, By Report		No No	
D8010	Limited Orthodontic Treatment Of The Primary Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form

Code	Description of service	Frequency limits	Prior auth required	Required documents
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8210	Removable Appliance Therapy	2 per code every Year	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8220	Fixed Appliance Therapy	1 per code every Lifetime	Yes	PAN,ceph, diag. quality photos, nar of med nec, tx plan,plan specific ortho form
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	3 per code every Year	No	
D8670	Periodic Orthodontic Treatment Visit	24 per code every Lifetime	Yes	Approved ortho banding or approved D8999/COC code is present on the same auth
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	1 per code every Lifetime	Yes	Diagnostic quality photos
D8695	Removal Of Fixed Orthodontic Appliances	1 per code every Lifetime	Yes	Copy of original approval, banding date, payment history
D8703	Replacement Of Lost Or Broken Rertainer - Maxillary	1 per code every Lifetime	No	
D8704	Replacement Of Lost Or Broken Rertainer - Mandibular	1 per code every Lifetime	No	
D8999	Unspecified Orthodontic Procedure, By Report		Yes	Description of procedure and narrative of medical necessity
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit		No	
D9120	Fixed Partial Denture Sectioning	1 per code per tooth every Lifetime	No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		Yes	Treatment plan and narrative of medical necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment		Yes	Treatment plan and narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	1 per code every Day	Yes	Narrative of medical necessity with claim
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		Yes	Treatment plan and narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		Yes	Treatment plan and narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation	1 per code every Day	Yes	Narrative of medical necessity with claim
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	1 per code every 6 Months	No	
D9410	House/Extended Care Facility Call	-	No	
D9420	Hospital Or Ambulatory Surgical Center Call		No	
D9430	Office Visit For Observation (During Regularly Scheduled Hours)		No	

Code	Description of service	Frequency limits	Prior auth required	Required documents
D9440	Office Visit - After Regularly Scheduled Hours		No	
D9610	Therapeutic Parenteral Drug, Single Administration		No	
D9941	Fabrication Of Athletic Mouthguard		No	
D9942	Repair And/Or Reline Occlusal Guard		No	
D9944	Occlusal Guard-hard appliance, full arch		Yes	Narrative of medical necessity
D9945	Occlusal Guard-soft appliance, full arch		Yes	Narrative of medical necessity
D9946	Occlusal Guard-hard appliance, partial arch		Yes	Narrative of medical necessity
D9990	Translation Services	2 per code every Day	No	
D9995	Teledentistry - Synchronous; Real-Time Encounter	1 per code every Day	No	
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	1 per code every Day	No	
D9999	Unspecified Adjunctive Procedure, By Report		Yes	Desc of procedure/ narr of med nec/ name of hospital/OR facility(if necessary)
Q3014	Telehealth facility fee		No	
T1015	FQHC Encounter Payment-ADA			

Standard New York CHIP Benefit Orthodontic Review Form



Standard New York CHP Benefit **Orthodontic Review Form**

SUBMIT: cephalometric image, panoramic image, 5-7 intraoral photographs, and standard review form.

Orthodontics: We cover orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankyloses of the temporomandibular joint; and other skeletal dysplasia.

Provider Name:
Patient Name:
Date
Indicate an "X" if present
 □ Cleft palate and/or Cleft lip □ Maxillary/mandibular micrognathia (underdeveloped upper or lower jaw) □ Extreme mandibular prognathism □ Severe asymmetry (craniofacial anomalies) □ Ankyloses of the temporomandibular joint □ Other skeletal dysplasia
Include a narrative of medical necessity here:

