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Dental Benefit Details

2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* apply to the 2026 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* apply to the 2026 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
OH	H4158001000	Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)

Disclaimers:

Ohio HMO D-SNP (H4158): Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Please contact your plan for details.



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Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Dental codes covered under Medicaid and dental codes that are marked with an asterisk (*) do not count towards the plan annual maximum. Medicaid covered codes are subject to Medicaid plan rules.

Dental 2026 Schedule of Benefits

Code	Code Description	Coverage	Periodicity	Prior Auth
Preventive Services				
D0120	Periodic Oral Evaluation	Medicaid	1 per 365 days. Not allowed if performed in conjunction with D0150 or within 365 days after a D0150	No
D0140	Limited Oral Evaluation	Medicaid	One per DOS per payee. Not reimbursable if performed on the same date of service as D0120, D0150, or D0180. Evaluations done solely to adjust dentures are not covered, except as specified in rule 5101:3-28-04 of the Administrative Code. Not billable with other dental procedures, except x-rays, on the same date of service. Includes any necessary palliative treatment. Not to be used for a teledental encounter when the level of information available is not equivalent to that obtained in an in-office environment	No
D0150	Comprehensive oral evaluation	Medicaid	Only one D0150 per payee per 60 months. Not allowed same DOS as D0120	No
D0160*	Oral evaluation, problem focused	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No
D0180	Comprehensive Periodontal Evaluation	Medicaid	1 per 365 days. No payment is made when performed in conjunction with D0150 or D0120	No
D0210	Intraoral, complete series of radiographic images	Medicaid	Only one of (D0210, D0330, D0367, D0372, or D0387) per payee per 60 months. Consisting of at least 12 images, the series must include all periapical, bitewing, and occlusal images necessary for diagnosis. If medical condition requires	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			greater frequency, a prior authorization is required	
D0220	Intraoral, periapical, first radiographic image	Medicaid	One per day per payee. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0230	Intraoral, periapical, each add additional radiographic image	Medicaid	Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0240	Intraoral, occlusal radiographic image	Medicaid	Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0250	Extraoral - 2D projection radiographic image	Medicaid	Allowed only as an adjunct to complex treatment. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0251*	Extra-oral radiographic image	Medicare	2 of (D0251) every plan year	No
D0270	Bitewing x-rays for evaluation of the teeth and bone	Medicaid	1 per 6 months. Maximum reimbursement on a single date of service for radiographs is limited to fee for a complete series (D0210)	No
D0272	Bitewing x-rays for evaluation of the teeth and bone	Medicaid	Only one of (D0272, D0273, D0274, D0373, or D0388) per 6 months. Not allowed same DOS as (D0210, D0367, D0372, or D0387). Maximum reimbursement on a single date of service for radiographs is limited to the fee for a complete series (D0210)	No
D0273	Bitewing x-rays for evaluation of the teeth and bone	Medicaid	Only one of (D0272, D0273, D0274, D0373, or D0388) per 6 months. Not allowed same DOS as (D0210, D0367, D0372, or D0387). Maximum reimbursement on a single date of service for radiographs is limited to the fee for a complete series (D0210).	No
D0274	Bitewing x-rays for evaluation of the teeth and bone	Medicaid	Only one of (D0272, D0273, D0274, D0373, or D0388) per 6 months. Not allowed same DOS as (D0210, D0367,	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			D0372, or D0387). Maximum reimbursement on a single date of service for radiographs is limited to the fee for a complete series (D0210).	
D0277*	Bitewing x-rays for evaluation of the teeth and bone	Medicare	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	No
D0321	Other Temporomandibular Joint Radiographic Images, By Report	Medicaid	One per day per payee. Four to six films based on medical necessity.	No
D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	Medicaid	Only one of (D0210, D0330, D0367, D0372, or D0387) per payee per 60 months. Prior authorization is required if done within 5 years of complete series.	No
D0340	2D Cephalometric Radiographic Image	Medicaid	One per day per payee as part of an orthodontic case.	No
D0350	2-Dimensional photo or x-ray image	Medicaid	One per 12 months per payee as part of an orthodontic case.	No
D0367	Cone Beam - Both Jaws	Medicaid	Only one of (D0210, D0330, D0367, D0372, or D0387) per payee per 60 months. PA required if requested within 60 months of D0210 or D0330. If billing D0367, no other films will be allowed same DOS by the billing payee.	No
D0372	Intraoral tomosynthesis - comprehensive series	Medicaid	Only one of (D0210, D0330, D0367, D0372, or D0387) per payee per 60 months. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0373	Intraoral tomosynthesis - bitewing image	Medicaid	Only one of (D0272, D0273, D0274, D0373, or D0388) per 6 months. Maximum 4 units D0373 on a single DOS. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D0374	Intraoral tomosynthesis - periapical image	Medicaid	List number of images taken as units on single line of D0374. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0387	Intraoral tomosynthesis - comprehensive series image capture only	Medicaid	Only one of (D0210, D0330, D0367, D0372, or D0387) per payee per 60 months. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0388	Intraoral tomosynthesis - bitewing image capture only	Medicaid	Only one of (D0272, D0273, D0274, D0373, or D0388) per 6 months. Maximum 4 units D0388 on a single DOS. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0389	Intraoral tomosynthesis - periapical image capture only	Medicaid	List number of images taken as units on single line of D0389. Maximum reimbursement on a single date of service for radiographs is limited to the fee of a complete series (D0210)	No
D0391*	Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report	Medicare	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709)	No
D0396	3D Printing of a 3D Dental Surface Scan	Medicaid	1 per day	Yes
D0460*	Tooth nerve test	Medicare	1 of (D0460) per visit	No
D0470	Diagnostic Casts	Medicaid	2 per lifetime	No
D0604	Antigen testing for a public health related pathogen, including coronavirus	Medicaid	One of (D0604 or D0605) per day per payee. Clinical Laboratory Improvements Act (CLIA) Certificate of Waiver required.	No
D0605	Antibody testing for a public health related pathogen,	Medicaid	One of (D0604 or D0605) per day per payee. Clinical Laboratory Improvements Act (CLIA) Certificate of Waiver required.	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	including coronavirus			
D0701*	Whole-mouth and 2-Dimensional x-ray images of the head	Medicare	1 of (D0210, D0330, D0701, D0709) every 3 plan years	No
D0703*	Photo images, image capture only	Medicare	1 of (D0703) every 3 plan years	No
D0706*	X-rays taken inside the mouth	Medicare	2 of (D0706) every plan year	No
D0707*	X-rays for closer evaluation around the roots of teeth – image capture only	Medicare	1 of (D0707) per date of service	No
D0708*	Bitewing x-rays for evaluation of the teeth and bone – image capture only	Medicare	2 of (D0708) every plan year	No
D0709*	Full-mouth/Complete x-ray set for evaluation of the teeth and mouth – image capture only	Medicare	1 of (D0210, D0330, D0701, D0709) every 3 plan years	No
D0801	3D intraoral surface scan - direct	Medicaid	Only 1 of (D0801 or D0802) per DOS.	Yes
D0802	3D dental surface scan - indirect	Medicaid	Only 1 of (D0801 or D0802) per DOS.	Yes
D0803	3D facial surface scan - direct	Medicaid	Only 1 of (D0803 or D0804) per DOS.	Yes
D0804	3D facial surface scan - indirect	Medicaid	Only 1 of (D0803 or D0804) per DOS.	Yes
D1110	Standard adult dental cleaning	Medicaid	1 per 180 days. No payment is made for prophylaxis performed same DOS as D4210, D4211, D4341, D4342, or D4910.	No
D1206*	Fluoride treatment	Medicare	1 of (D1206, D1208) every plan year	No
D1208*	Fluoride treatment	Medicare	1 of (D1206, D1208) every plan year	No
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	Medicaid	2 per 365 days. Only allowed same DOS as D0120 or D0150	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D1321	Counseling for the control and prevention of substance abuse	Medicaid	2 per 365 days. Only allowed same DOS as D0120 or D0150	No
D1354	Application of Caries Arresting Medicament - Per Tooth	Medicaid	3 times per tooth per 12 months. Not allowed same DOS as a restoration on the tooth.	No
D1355	Caries preventative medicament application	Medicare	One of (D1355) per tooth per 6 months.	No
D9310	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No
Comprehensive Services				
D2140	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394. Teeth covered: 1-32, A-T. Preventive restorations not covered	No
D2150	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394. Teeth covered: 1-32, A-T. Preventive restorations not covered	No
D2160	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394. Teeth covered: 1-32, A-T. Preventive restorations not covered	No
D2161	Metal or tooth-colored fillings placed directly into the mouth on front,	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392,	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	middle, or back teeth		D2393, D2394. Teeth covered: 1-32, A-T. Preventive restorations not covered	
D2330	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335. Teeth covered: 6-11, 22-27, C-H, M-R. Preventive restorations not covered	No
D2331	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335. Teeth covered: 6-11, 22-27, C-H, M-R. Preventive restorations not covered	No
D2332	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335. Teeth covered: 6-11, 22-27, C-H, M-R. Preventive restorations not covered	No
D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335. Teeth covered: 6-11, 22-27, C-H, M-R. Preventive restorations not covered	No
D2390	Tooth-colored crown placed directly into the mouth for anterior/front teeth only	Medicare	1 of (D2390) per tooth, every 2 plan years. Must have at least 50% remaining bone support	No
D2391	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2391, D2392, D2393, D2394. Teeth covered: 1-5, 12-21, 28-32, A, B, I-L, S, T for class I, class II, and class V restorations	No
D2392	Metal or tooth-colored fillings	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140,	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	placed directly into the mouth on front, middle, or back teeth		D2150, D2160, D2161, D2391, D2392, D2393, D2394. Teeth covered: 1-5,12-21,28-32,A,B,I-L,S,T for class I, class II, and class V restorations	
D2393	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2391, D2392, D2393, D2394. Teeth covered: 1-5,12-21,28-32,A,B,I-L,S,T for class I, class II, and class V restorations	No
D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	Medicaid	One of the following per 12 months per member, per tooth per surface: D2140, D2150, D2160, D2161, D2391, D2392, D2393, D2394. Teeth covered: 1-5,12-21,28-32,A,B,I-L,S,T for class I, class II, and class V restorations	No
D2710	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2720	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
	placed into the mouth		decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2721	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2722	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved.	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			D6210-D6252 not covered in conjunction with implant retainer crowns	
D2740	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicaid	Only one of (D2740, D2751, or D2752) per tooth per 60 months. Teeth covered: 1-32	Yes
D2750	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2751	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicaid	Only one of (D2740, D2751, or D2752) per tooth per 60 months. Teeth covered: 1-32	Yes
D2752	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to	Medicaid	Only one of (D2740, D2751, or D2752) per tooth per 60 months. Teeth covered: 1-32	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
	metal, or titanium. Made outside the mouth and then placed into the mouth			
D2753	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2790	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2791	Cap (crown) – made of metal,	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790,	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
	porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth		D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2792	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2794	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50%	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2910	Re-cementing or re-bonding a crown that has fallen off	Medicare	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	No
D2915	Re-cementing or re-bonding a crown that has fallen off	Medicare	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	No
D2920	Re-cementing or re-bonding a crown that has fallen off	Medicaid	1 per day. Not allowed within 6 months of initial placement. Teeth covered: 1-32	No
D2928	Pre-made crowns	Medicaid	Only one of (D2928, D2931, or D2933) per permanent tooth per 24 months. Teeth covered: 1-32. Allowed only for teeth where multi-surface restorations are needed and amalgam restorations and other materials have poor prognosis. If replacement prior to 24 months is needed, prior authorization should be submitted	No
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Medicaid	Only one of (D2929, D2930, D2933, or D2934) per primary tooth per 24 months. Teeth covered: A-T. Allowed only for teeth where multi-surface restorations are needed and amalgam restorations and other materials have poor prognosis. If replacement prior to 24 months is needed, prior authorization should be submitted	No
D2930	Prefabricated stainless steel crown - primary tooth	Medicaid	Only one of (D2929, D2930, D2933, or D2934) per primary tooth per 24 months. Teeth covered: A-T. Allowed only for teeth where multi-surface restorations are needed and amalgam restorations and other materials have poor prognosis. If	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			replacement prior to 24 months is needed, prior authorization should be submitted	
D2931	Pre-made crowns	Medicaid	Only one of (D2928, D2931, or D2933) per permanent tooth per 24 months. Teeth covered: 1-32. Allowed only for teeth where multi-surface restorations are needed and amalgam restorations and other materials have poor prognosis. If replacement prior to 24 months is needed, prior authorization should be submitted	No
D2933	Prefabricated stainless steel crown with resin window	Medicaid	Only one of (D2929, D2930, D2933, or D2934) per primary tooth per 24 months. Only one of (D2928, D2931, or D2933) per permanent tooth per 24 months. Payment includes any restoration necessary. If replacement prior to 24 months is needed, prior authorization should be submitted. Teeth covered: 6-11,22-27,C-H,M-R	No
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Medicaid	Only one of (D2929, D2930, D2933, or D2934) per primary tooth per 24 months. Teeth covered: A-T. Allowed only for teeth where multi-surface restorations are needed and amalgam restorations and other materials have poor prognosis	No
D2940	Placement of Interim Direct Restoration	Medicaid	Only one of (D2940 or D2941) per 180 days per tooth. Only 5 (D2940 or D2941) per tooth per lifetime. Teeth covered: 1-32, A-T	No
D2950	Buildup of filling around a post to prepare the tooth for a crown	Medicaid	1 per 60 months. Coverage is limited to permanent teeth. This service must be provided in preparation for or in conjunction with an adult crown procedure. Teeth covered: 1-32	No
D2951	Buildup of filling around a post to prepare the tooth for a crown	Medicaid	3 per tooth per lifetime	No
D2952	Buildup of filling around a post to	Medicaid	Only one of (D2950, D2952, or D2954) per 60 months per tooth. Only covered for endodontically treated permanent	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
	prepare the tooth for a crown		anterior teeth with sufficient tooth structure to support a crown. Covered teeth: 6-11, 22-27	
D2953	Buildup of filling around a post to prepare the tooth for a crown	Medicare	1 of (D2950, D2952-D2954, D2957) per tooth every 60 months. Must be necessary to provide retention for an approved crown	Yes
D2954	Buildup of filling around a post to prepare the tooth for a crown	Medicaid	Only one of (D2950, D2952, or D2954) per 60 months per tooth. Only covered for endodontically treated permanent anterior teeth with sufficient tooth structure to support a crown. Covered teeth: 6-11, 22-27	Yes
D2955	Buildup of filling around a post to prepare the tooth for a crown	Medicare	1 (D2955) per tooth every 60 months	No
D2956	Removal of an indirect restoration on a natural tooth	Medicaid	One (D2956) per tooth per day. Not payable same DOS as or in preparation of new restoration on the same tooth. Teeth covered: 1-32	Yes
D2957	Buildup of filling around a post to prepare the tooth for a crown	Medicare	1 of (D2950, D2952-D2954, D2957) per tooth every 60 months. Must be necessary to provide retention for an approved crown	No
D2971	Buildup of filling around a post to prepare the tooth for a crown	Medicare	1 (D2971) per tooth every 60 months	No
D2976	Band Stabilization - Per Tooth	Medicaid	1 per tooth per lifetime. Teeth covered: 1-32	No
D2980	Crown repairs	Medicare	1 of (D2980) per tooth every 3 plan years	No
D2989	Excavation of a tooth resulting in the determination of non-restorability	Medicaid	1 per tooth per lifetime. Teeth covered: 1-32, A-T	No
D2991	Application of hydroxyapatite regeneration	Medicaid	1 per tooth per 12 months. Not allowed same DOS as a restoration or sealant	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	medicament – per tooth			
D3110	Pulp capping	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support	No
D3120	Pulp capping	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support	No
D3220	Pulpotomy	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support	No
D3310	Root canal treatment	Medicaid	One per lifetime per member per tooth. Only covered when the overall health of the dentition and periodontium is good except for the endodontically indicated tooth. Teeth covered: 6-11, 22-27	No
D3320	Root canal treatment	Medicaid	One per lifetime per member per tooth. Only covered when the overall health of the dentition and periodontium is good except for the endodontically indicated tooth. Teeth covered: 4,5,12,13,20,21,28,29	No
D3330	Root canal treatment	Medicaid	One per lifetime per member per tooth. Only covered when the overall health of the dentition and periodontium is good except for the endodontically indicated tooth. Teeth covered: 1-3,14-19,30-32	No
D3331	Root canal treatment	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3332	Root canal treatment	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3333	Root canal treatment	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3346	Root canal retreatment of failed previous root canal	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			provider within 1 plan year of original root canal treatment	
D3347	Root canal retreatment of failed previous root canal	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	No
D3348	Root canal retreatment of failed previous root canal	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	No
D3351	Tooth root-tip repairs	Medicaid	One per lifetime. Apical closure does not include endodontic (root canal) therapy. Payment for these procedures includes necessary images. Teeth covered: 1-32	No
D3352	Tooth root-tip repairs	Medicaid	3 per lifetime. Apical closure does not include endodontic (root canal) therapy. Payment for these procedures includes necessary images. Teeth covered: 1-32	No
D3353	Tooth root-tip repairs	Medicaid	1 per lifetime. Apical closure does not include endodontic (root canal) therapy. Payment for these procedures includes necessary images. Teeth covered: 1-32	No
D3410	Tooth root-tip repairs	Medicaid	1 per lifetime. Teeth covered: 6-11, 22-27	No
D3421	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3425	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3426	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3430	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D3450	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	No
D3470	Tooth root-tip repairs	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	No
D3920	Tooth root-tip repairs	Medicare	1 of (D3920-D3921) per tooth per lifetime	No
D3921	Tooth root-tip repairs	Medicare	1 of (D3920-D3921) per tooth per lifetime	No
D4210	Gum tissue surgery	Medicaid	Only one of (D4210 or D4211) per quadrant per 36 months. Allowed to correct severe hyperplasia or hypertrophic gingivitis	Yes
D4211	Gum tissue surgery	Medicaid	Only one of (D4210 or D4211) per quadrant per 36 months. Allowed to correct severe hyperplasia or hypertrophic gingivitis	Yes
D4212	Removal of gum tissue to help fill a tooth	Medicare	1 of (D4212) per tooth per lifetime	No
D4240	Gum tissue surgery	Medicare	1 of (D4240-D4245) per quadrant every 3 plan years	No
D4241	Gum tissue surgery	Medicare	1 of (D4240-D4245) per quadrant every 3 plan years	No
D4245	Gum tissue surgery	Medicare	1 of (D4240-D4245) per quadrant every 3 plan years	No
D4249	Removal of bone around a tooth	Medicare	1 of (D4249) per tooth per lifetime	No
D4260	Gum tissue surgery	Medicare	1 of (D4260-D4261) per quadrant every 3 plan years	No
D4261	Gum tissue surgery	Medicare	1 of (D4260-D4261) per quadrant every 3 plan years	No
D4270	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4273	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4274	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D4275	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4276	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4277	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4278	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4283	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4285	Gum tissue surgery	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4286	Removal of non-resorbable barrier	Medicaid	Medicaid rules apply	Yes
D4322	Wire placed to attach multiple teeth together	Medicare	1 of (D4322-D4323) per arch every 3 plan years	No
D4323	Wire placed to attach multiple teeth together	Medicare	1 of (D4322-D4323) per arch every 3 plan years	No
D4341	Deep cleaning for 4 or more teeth in a quadrant	Medicaid	Only one of (D4341 or D4342) per quadrant per 24 months. Not allowed same DOS as D1110, D1120, D4210, D4211, or D4910	Yes
D4342	Deep cleaning for 1-3 teeth in a quadrant	Medicaid	Only one of (D4341 or D4342) per quadrant per 24 months. Not allowed same DOS as D1110, D1120, D4210, D4211, or D4910	Yes
D4346	Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation	Medicare	1 (D4346) every 2 plan years, not allowed within six months of D1110, D4341, D4342, D4355, or D4910	No
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	Medicare	1 of (D4355) every 2 plan years not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180	No
D4381	Medicine applied to gum space around a	Medicare	8 of (D4381) every 2 plan years; at least 28 days after D4341 or D4342; requires	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	tooth (per tooth) for management of gum disease		evidence of pockets 5 mm or greater with persistent inflammation	
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Medicaid	1 per 365 days. Not allowed without history of (D4341 or D4342) in the last 24 months. Not allowed same DOS as D1110 or D1120. Not allowed within 30 days of (D4341 or D4342)	No
D4920	Unscheduled dressing change	Medicare	1 of (D4920) every plan year per procedure	No
D5110	Complete dentures – upper and/or lower	Medicaid	Only one D5110 per 96 months (8 years). Not allowed within 8 years of D5130. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5120	Complete dentures – upper and/or lower	Medicaid	Only one D5120 per 96 months (8 years). Not allowed within 8 years of D5140. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5130	Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth	Medicaid	1 per lifetime. D5110 not allowed for 8 years following placement of D5130. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5140	Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth	Medicaid	1 per lifetime. D5120 not allowed for 8 years following placement of D5140. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5211	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5211, D5213, or D5225) per 96 months (8 years). Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
D5212	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5212, D5214, or D5226) per 96 months (8 years). Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5213	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5211, D5213, or D5225) per 96 months (8 years). D5211 and D5225 covered only under age 19. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5214	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5212, D5214, or D5226) per 96 months (8 years). D5212 and D5226 covered only under age 19. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5225	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5211, D5213, or D5225) per 96 months (8 years). Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5226	Partial dentures – upper and/or lower, resin, metal, or flexible base	Medicaid	Only one of (D5212, D5214, or D5226) per 96 months (8 years). Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of six months	Yes
D5284	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	Medicare	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw	Yes
D5286	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	Medicare	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw	Yes
D5410	Adjust or repair complete or partial dentures	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			denture if within 6 months of prosthesis delivery	
D5411	Adjust or repair complete or partial dentures	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5421	Adjust or repair complete or partial dentures	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5422	Adjust or repair complete or partial dentures	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5511	Adjust or repair complete or partial dentures	Medicaid	1 per day	No
D5512	Adjust or repair complete or partial dentures	Medicaid	1 per day	No
D5520	Replace missing or broken parts of complete or partial dentures	Medicaid	1 per day per tooth	No
D5611	Adjust or repair complete or partial dentures	Medicaid	1 per day	No
D5612	Adjust or repair complete or partial dentures	Medicaid	1 per day	No
D5621	Adjust or repair complete or partial dentures	Medicaid	1 per day	No
D5622	Adjust or repair complete or partial dentures	Medicaid	1 per day	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D5630	Replace missing or broken parts of complete or partial dentures	Medicaid	1 per day per tooth	No
D5640	Replace missing or broken parts of complete or partial dentures	Medicaid	1 per day per tooth	No
D5650	Replace missing or broken parts of complete or partial dentures	Medicaid	1 per day per tooth	No
D5660	Replace missing or broken parts of complete or partial dentures	Medicaid	1 per day per tooth	No
D5670	Replace missing or broken parts of complete or partial dentures	Medicare	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	No
D5671	Replace missing or broken parts of complete or partial dentures	Medicare	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	No
D5710	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5711	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5720	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5721	Reline or rebase complete and/or	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	partial dentures – upper and/or lower		than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	
D5730	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5731	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5740	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5741	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5750	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicaid	Not covered within 36 months of placement. All relining procedures include post-delivery care for 6 months. Relines of complete immediate dentures within the first 6 months of placement are included in the adjustment period of the denture and not separately reimbursed	No
D5751	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicaid	Not covered within 36 months of placement. All relining procedures include post-delivery care for 6 months. Relines of complete immediate dentures within the first 6 months of placement are included in the adjustment period of the denture and not separately reimbursed	No
D5760	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicaid	Not covered with in 36 months of placement. All relining procedures include post-delivery care for 6 months	No
D5761	Reline or rebase complete and/or partial dentures – upper and/or lower	Medicaid	Not covered with in 36 months of placement. All relining procedures include post-delivery care for 6 months	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D5765	Other denture services	Medicare	1 of (D5765) per arch every 2 plan years, not within six months of denture delivery	No
D5850	Liner to help heal gum tissue under a denture	Medicare	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5851	Liner to help heal gum tissue under a denture	Medicare	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Medicaid	1 per day	Yes
D5913	Nasal Prosthesis	Medicaid	Medicaid rules apply	Yes
D5915	Orbital Prosthesis	Medicaid	Medicaid rules apply	Yes
D5916	Ocular Prosthesis	Medicaid	Medicaid rules apply	Yes
D5931	Obturator Prosthesis, Surgical	Medicaid	Medicaid rules apply	Yes
D5932	Obturator Prosthesis, Definitive	Medicaid	Medicaid rules apply	Yes
D5934	Mandibular Resection Prosthesis With Guide Flange	Medicaid	Medicaid rules apply	Yes
D5935	Mandibular Resection Prosthesis Without Guide Flange	Medicaid	Medicaid rules apply	Yes
D5955	Palatal Lift Prosthesis, Definitive	Medicaid	Medicaid rules apply	Yes
D5999	Unspecified Maxillofacial Prosthesis, By Report	Medicaid	Medicaid rules apply	Yes
D6089	Accessing and retorquing loose	Medicaid	1 per tooth per lifetime. Teeth covered: 1-32	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	implant screw - per screw			
D6105	Removal of implant body not requiring bone removal or flap elevation	Medicaid	1 per implant per lifetime	Yes
D6106	Guided tissue regeneration - resorbable barrier, per implant	Medicaid	1 (D6106 or D6107) per tooth per lifetime. To repair defects of existing implants only	Yes
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Medicaid	1 (D6106 or D6107) per tooth per lifetime. To repair defects of existing implants only	Yes
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed	Medicaid	One (D6180) per arch per 12 months. Arches covered: UA, LA, 01, 02	Yes
D6193	Replacement of an implant screw	Medicaid	One (D6193) per tooth per 60 months	Yes
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Medicaid	1 per lifetime. To repair defects of existing implants only	Yes
D6210	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6211	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6212	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
D6214	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6240	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6241	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6242	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6243	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6245	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6250	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6251	Part of the bridge that is the fake tooth, replacing the	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792,	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
	missing tooth (pontic)		D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6252	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6740	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6750	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6751	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
D6752	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6753	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6790	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6791	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6792	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6794	Crowns that are placed on teeth supporting a bridge (retainer crowns)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6930	Re-cement or re-bond a bridge that comes out	Medicare	1 of (D6930) per tooth every 2 plan years; not payable within 6 months of delivery	No
D7140	Extractions	Medicaid	Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. Teeth covered: 1-32, 51-82, A-T, AS-TS	No
D7210	Extractions	Medicaid	Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. Teeth covered: 1-32, 51-82, A-T, AS-TS	No
D7220	Extractions	Medicaid	Authorization required for teeth other than 1, 16, 17, or 32. Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. The extraction of an impacted tooth is authorized only when conditions arising from such an impaction warrant removal. The prophylactic removal of an asymptomatic tooth is covered only when at least one adjacent	Yes



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Code	Code Description	Coverage	Periodicity	Prior Auth
			tooth is symptomatic. Teeth covered: 1-32, 51-82, A-T, AS-TS	
D7230	Extractions	Medicaid	Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. The extraction of an impacted tooth is authorized only when conditions arising from such an impaction warrant removal. The prophylactic removal of an asymptomatic tooth is covered only when at least one adjacent tooth is symptomatic. Teeth covered: 1-32, 51-82, A-T, AS-TS	No
D7240	Extractions	Medicaid	Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. The extraction of an impacted tooth is authorized only when conditions arising from such an impaction warrant removal. The prophylactic removal of an asymptomatic tooth is covered only when at least one adjacent tooth is symptomatic. Teeth covered: 1-32, 51-82, A-T, AS-TS	Yes
D7241	Extractions	Medicaid	Only one of (D7140, D7210, D7220, D7230, D7240, D7241) per tooth per lifetime. The extraction of an impacted tooth is authorized only when conditions arising from such an impaction warrant removal. The prophylactic removal of an asymptomatic tooth is covered only when at least one adjacent tooth is symptomatic. Teeth covered: 1-32, 51-82, A-T, AS-TS	Yes
D7250	Extractions	Medicaid	One per lifetime per tooth. Not payable to provider that originally removed tooth. Must be the result of a failed or incomplete extraction attempt by a different provider. Teeth covered: 1-32, 51-82, A-T, AS-TS	Yes
D7251	Extractions	Medicare	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
			extraction with retained root and not by same provider or group	
D7259	Nerve dissection	Medicaid	One (D7259) per day per member. Not payable same DOS as D7241 in the same area	Yes
D7260	Sinus related surgery	Medicaid	Medicaid rules apply	No
D7261	Sinus related surgery	Medicare	1 of (D7260, D7261) per quadrant per date of service	No
D7270	Surgery to move or re-implant natural teeth	Medicaid	1 per day. Includes splinting and/or stabiliaztion. Teeth covered 1-32	No
D7272	Surgery to move or re-implant natural teeth	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7280	Surgery to move or re-implant natural teeth	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7282	Surgery to move or re-implant natural teeth	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7284	Excisional biopsy of minor salivary glands	Medicaid	1 per day	Yes
D7285	Biopsies	Medicaid	1 per day. Not payable same DOS as D7284	No
D7286	Biopsies	Medicaid	1 per day. Not payable same DOS as D7284	No
D7287	Biopsies	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7288	Biopsies	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7310	Reshaping of the bone that surrounds the teeth or tooth spaces	Medicaid	Only one of (D7310, D7311 or D7320) per quadrant per lifetime. Alveoplasty is covered only in conjunction with the construction of a prosthodontic appliance. Minimum of four extractions in the affected quadrant	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D7311	Reshaping of the bone that surrounds the teeth or tooth spaces	Medicaid	Only one of (D7310, D7311 or D7320) per quadrant per lifetime. Alveoplasty is covered only in conjunction with the construction of a prosthodontic appliance	No
D7320	Reshaping of the bone that surrounds the teeth or tooth spaces	Medicaid	Only one of (D7310, D7311 or D7320) per quadrant per lifetime. Alveoplasty is covered only in conjunction with the construction of a prosthodontic appliance	No
D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	Medicare	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth	No
D7340	Surgery on gum tissue to prepare for dentures	Medicare	1 of (D7340, D7350) per quadrant every 5 plan years	No
D7350	Surgery on gum tissue to prepare for dentures	Medicare	1 of (D7340, D7350) per quadrant every 5 plan years	No
D7410	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7411	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7412	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7413	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7414	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7415	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7440	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D7441	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7450	Removal of suspicious tissue growths	Medicaid	1 per day	No
D7451	Removal of suspicious tissue growths	Medicaid	1 per day	No
D7460	Removal of suspicious tissue growths	Medicaid	1 per day	No
D7461	Removal of suspicious tissue growths	Medicaid	1 per day	No
D7465	Removal of suspicious tissue growths	Medicare	1 of (D7410-D7465) per date of service	No
D7471	Removal of extra bone growths on sides of jaws	Medicaid	1 D7471 per arch per lifetime	No
D7472	Removal of extra bone growth on roof of mouth	Medicaid	1 per lifetime	No
D7473	Removal of extra bone growth inside of lower jaw	Medicaid	2 per lifetime	No
D7485	Removal of extra bone and tissue growth on back areas of upper jaw	Medicare	1 of (D7485) per quadrant per lifetime	No
D7509	Cleaning an abscess/infection from a tooth root	Medicaid	Medicaid rules apply	Yes
D7510	Cleaning an abscess/infection from a tooth root	Medicaid	1 per day	No
D7511	Cleaning an abscess/infection from a tooth root	Medicare	1 of (D7510-D7540) per date of service	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D7520	Cleaning an abscess/infection from a tooth root	Medicaid	1 per day	No
D7521	Cleaning an abscess/infection from a tooth root	Medicare	1 of (D7510-D7540) per date of service	No
D7530	Cleaning an abscess/infection from a tooth root	Medicare	1 of (D7510-D7540) per date of service	No
D7540	Cleaning an abscess/infection from a tooth root	Medicare	1 of (D7510-D7540) per date of service	No
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	Medicaid	1 per day	No
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	Medicaid	1 per day	No
D7899	Unspecified TMD Therapy, By Report	Medicaid	1 per 12 months. For unspecified TMJ/TMD treatments. Payment includes follow-up adjustments for six months	Yes
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Medicaid	1 (D7956 or D7957) per tooth site per lifetime	Yes
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Medicaid	1 (D7956 or D7957) per tooth site per lifetime	Yes
D7961	Buccal/labial Frenectomy (Frenulectomy)	Medicaid	One per arch per lifetime	No
D7962	Lingual Frenectomy (Frenulectomy)	Medicaid	1 per lifetime	No
D7970	Other surgical procedures to	Medicaid	1 per arch per 36 months	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	remove excess gum tissue or muscle attachments			
D7971	Other surgical procedures to remove excess gum tissue or muscle attachments	Medicare	1 of (D7971) per tooth per lifetime	No
D7972	Other surgical procedures to remove excess gum tissue or muscle attachments	Medicare	1 of (D7972) per maxillary quadrant per lifetime	No
D9110	Minor procedure for emergency treatment of dental pain	Medicare	1 of (D9110) per plan year	No
D9120	Cutting an old bridge to help remove it	Medicare	1 of (D9120) every plan year	No
D9219	Deep sedation/general anesthesia	Medicare	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239	No
D9222	Deep sedation/general anesthesia	Medicaid	1 per day. Payment for anesthesia services includes analgesic and anesthetic agents. Only one type of sedation per DOS	No
D9223	Deep sedation/general anesthesia	Medicaid	4 per day. Payment for anesthesia services includes analgesic and anesthetic agents. Only one type of sedation per DOS	No
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	Yes
D9225	Administration of general anesthesia with advanced airway – each	Medicare	7 of (D9223, D9225, D9243) per date of service	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	subsequent 15 minute increment, or any portion thereof			
D9230	Deep sedation/general anesthesia	Medicaid	1 per day. Prior Authorization required for members over 21. Not allowed same DOS D9248, D9222, D9223, D9239, D9243, or D9920	Yes
D9239	Deep sedation/general anesthesia	Medicaid	1 per day. Payment for anesthesia services includes analgesic and anesthetic agents. Only one type of sedation per DOS	No
D9243	Deep sedation/general anesthesia	Medicaid	4 per day. Payment for anesthesia services includes analgesic and anesthetic agents. Only one type of sedation per DOS	No
D9244	In-office administration of minimal sedation – single drug – enteral	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	No
D9245	Administration of moderate sedation – enteral	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	No
D9410	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	Medicare	1 of (D9410, D9420, D9997) per date of service	No
D9420	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	Medicare	1 of (D9410, D9420, D9997) per date of service	No
D9430	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	Medicaid	4 per lifetime. For members with special health care needs only; to simulate an office visit. No other services allowed same DOS	No
D9440	Visits to or from nursing homes, hospitals, surgery	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
	centers or doctors' offices			
D9610	Drug injections for infection and severe pain	Medicaid	Only one of (D9610 or D9612) per DOS. Narrative of necessity with drug and dosage given required. Not for medications typically administered in intravenous or general anesthesia	No
D9612	Drug injections for infection and severe pain	Medicaid	Only one of (D9610 or D9612) per DOS. Narrative of necessity with drug and dosage given required. Not for medications typically administered in intravenous or general anesthesia	No
D9911	Place medicine on sensitive tooth roots	Medicare	1 of (D9911) per tooth every 2 plan years	No
D9920	Behavior Management, By Report	Medicaid	1 per day. Not allowed same DOS as D9248, D9222, D9223, D9239, D9243, or D9230. Must be billed with another service code	Yes
D9930	Special or unusual consultations	Medicare	1 of (D9930) per date of service	No
D9932	Cleaning of complete and partial dentures	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9933	Cleaning of complete and partial dentures	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9934	Cleaning of complete and partial dentures	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9935	Cleaning of complete and partial dentures	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9942	Bite guard repair	Medicare	1 of (D9942) every 2 plan years, not within six months of appliance delivery	No
D9944	Bite guard, hard or soft appliance	Medicaid	Only one of (D9944, D9945, D9946) per member per 36 months. Removable dental appliance to minimize effects of bruxism or other occlusal factors. Not to be used for any type of sleep apnea, snoring or TMD appliance	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D9945	Bite guard, hard or soft appliance	Medicaid	Only one of (D9944, D9945, D9946) per member per 36 months. Removable dental appliance to minimize effects of bruxism or other occlusal factors. Not to be used for any type of sleep apnea, snoring or TMD appliance	No
D9946	Bite guard, hard or soft appliance	Medicaid	Only one of (D9944, D9945, D9946) per member per 36 months. Removable dental appliance to minimize effects of bruxism or other occlusal factors. Not to be used for any type of sleep apnea, snoring or TMD appliance	No
D9947	Custom sleep apnea appliance fabrication and placement	Medicaid	1 per lifetime	Yes
D9948	Adjustment of custom sleep apnea appliance	Medicaid	1 per day	Yes
D9949	Repair of custom sleep apnea appliance	Medicaid	1 per day	Yes
D9951	Minor adjustment of bite	Medicare	1 of (D9951) every 2 plan years	No
D9953	Reline custom sleep apnea device (indirect)	Medicaid	1 per day	Yes
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Medicaid	1 per lifetime	Yes
D9955	Oral appliance therapy (OAT) titration visit	Medicaid	1 per day	Yes
D9995	Teledentistry - performed in real time	Medicaid	1 per day. Allowed only with D0120 or D0140. Providers and groups must bill a place of service (POS) code that reflects the physical location of the practitioner	No



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Code	Code Description	Coverage	Periodicity	Prior Auth
D9996	Teledentistry - performed when information stored and sent to a dentist for later review	Medicare	1 of (D9995-D9996) per date of service	No
D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	Medicaid	One (D9997) per day, per member	Yes
D9999	Unspecified Adjunctive procedure, by report	Medicaid	1 per day. Use when authorizing dental treatment in a hospital OR or ambulatory surgical center (ASC)	Yes

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
 - When posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.



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- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.



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