

Coverage, Limitations and Prior Authorization Requirements

ORTHO, ENDO, OS and PERIO Specialty Treatment Requires Prior Authorization

EPSDT

Additional services may be available to members when their oral health qualifies them for Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Pre-Authorization is required for treatment requests covered only under EPSDT. Claims and Authorization must be submitted with the appropriate ADA form, EDI submission or LIBERTY's web portal with the proper indicators for EPSDT.

AIAN

Prior-authorization requirements as listed below are not required for American Indian and Alaska Native members. For procedures listed below with Prior-Authorization requirements claims must be submitted with the documentation and or x-ray requirements and are subject to medical necessity review.

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Display Display or evaluation1.000200 every 4 months1.000000Display or evaluation1.000000 every 46 months per provider/display to to to DD12 at DD150IndexDisplay or evaluation1.000000 every 46 months per provider/display to to DD12 at DD150Not comparative set of mailing about the first of the firs	Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
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Outs Description number age 3 Description number age 3 Description number age 3 Conversion number age 3 1000000000000000000000000000000000000	D0120	Periodic oral evaluation	1 (D0120) every 6 months		
1011000000000000000000000000000000000	D0140	Limited oral evaluation	2 (D0140) per provider/office prior to D0120 or D0150		
101 introad, comprehensive soles of radiographic image 1 of (DDL10, DD331) every 36 months Not comprehensive soles of radiographic image 1020 introad, periodipal, first and agraphic image	D0145	Oral evaluation under age 3			
Number of the state of a state of price of	D0150	Comprehensive oral evaluation	1 (D0150) every 36 months per provider/office		
Name Intrack Second practiculation adsignable image Interact	D0210	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0330) every 36 months		Not compensable within 36 months of pano or 12 months of BW
0200 Intravel, actival radiographic image intervel, actival radiographic image intervel, actival radiographic image 0200 Bitewing, two radiographic images 1 of (D0272, D0274) every 12 months intervel, actival radiographic images intervel, actival radiographic images 0201 Bitewing, box radiographic images intervel, actival radiographic image intervel, actival radiographic	D0220	Intraoral, periapical, first radiographic image			Must include at least three (3) millimeters beyond
Number of the set of	D0230	Intraoral, periapical, each add 'I radiographic image			the apex of the tooth
2022 Biswings two radiographic images 1 of (D0272, D0274) every 12 months Image: Comparison of the	D0240	Intraoral, occlusal radiographic image			
2022 Binkengs, tox radiographic mages 1 of (00272, 00274) every 12 months	D0270	Bitewing, single radiographic image			
Part Netwings four radiographic images V Comprehensive treatment plan and narrative required with ploir authorization 138 Subjection Y Comprehensive treatment plan and narrative required with ploir authorization 138 Inter Narrative required main ploines Pre-Auth required for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with ploir authorization for additional D0330 (meeted with) als inquired with als inquired with ploir authorization for additional D0330 (meeted with) als inquired with als i			1 -f (D0272 D0274)		
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United V V V V 0020 Iffuil arthographic image, by report Iffield and analysis Pre Auth required with prior authorization 0203 Iffield and analysis 1 of (00210, 00330) every 36 months Dial Sol Interded with prior authorization 0203 Dard/Incid photographic image, measurement and analysis Iter or necessity is required with prior authorization 0203 Dard/Incid photographic image, intra-orally/estra-orally Narathe required with claim submission 3 0204 Dard/Incid photographic image, intra-orally/estra-orally Narathe required with claim submission 3 0206 Dard/Incid photographic image, intra-orally/estra-orally Narathe required with claim submission 3 0206 Claim srid, saessement and documentation, moderate risk 1 of (00601, 00602, 00603) every 2 2 months per provider/office Inter or necessity is required with claim submission 3 0206 Claim srid, saessement and documentation, moderate risk 1 of (00601, 00602, 00603) every 2 2 months per provider/office Inter or necessity is required with claim submission 3 0207 Prevented services 1 of (00601, 00602, 00603) every 2 2 months per provider/office Inter or necessity is required with claim submission 3 0208 Claim srid, saessement and documentation, high risk 1 (01110, 01120) every 6 mont	D0310	Sialography		Y	Comments and the two tests and all and the test the
Out To Uner Tour radiugraphic image, by report Per Auth required for additional D0330 merey 36 months Per Auth required for additional D0330 merey 36 months Letter of necessity is required with prior authorization for additional D0330 months 0380 20 cephalometric radiographic image, measurement and analysis	D0320	TMJ arthrogram, including injection		Y	
Part Part radigraphic image Pre-Auth required for additional D0330 / neced with prior authorization for additional D030 Letter of nacessity is required with prior authorization for additional D030 98 20 ceptahometic radigraphic image, measurement and analysis – – – – – – – – – – – – – – – – – – –	D0321	Other TMJ radiographic images, by report		Y	required with prior authorization
20 ral/facial photographic image, intra-orally/extra-orally Image: i			1 of (D0210, D0330) every 36 months	D0330 if needed within 36	
0460 Pulp vitality tests Image: constraint of the provider of file Image: constraint of the provider of file 0470 Diagnostic casts Image: constraint of the provider of file Image: constraint of the provider of file 0460 Carles risk assessment and documentation, moderate risk Image: constraint of the provider of file Image: constraint of the provider of file 0460 Carles risk assessment and documentation, moderate risk Image: constraint of the provider of file Image: constraint of the provider of file 0460 Carles risk assessment and documentation, moderate risk Image: constraint of the provider of file Image: constraint of the provider of file 0460 Carles risk assessment and documentation, moderate risk Image: constraint of the provider of file Image: constraint of the provider of file 0460 Carles risk assessment and documentation, moderate risk Image: constraint of the provider of file Image: constraint of the provider of file 0460 Prophylaxis, child Image: constraint of the provider of file Image: constraint of the provider of file Image: constraint of the provider of file 0470 Prophylaxis, child Image: constraint of the provider of file Image: constraint of the provider of file Image: constraint of the provider of file Image: constraint of the provider of file <	D0340	2D cephalometric radiographic image, measurement and analysis			
0470 Diagnostic cats International documentation, low risk International documentation Internation Internatio					Narrative required with claim submission ³
000100 Carles risk assessment and documentation, low risk 1 of (D0601, D0602, D0603) every 12 months per provider/office 1 1 00602 Carles risk assessment and documentation, migh risk. 1 1 0 1 0	D0460	Pulp vitality tests			
00002 Carles risk assessment and documentation, moderate risk 1 of (00601, 00602, 00603) every 12 months per provider/office Image: constraint of constraints of constrain	D0470	Diagnostic casts			
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Partial Application of caries arresting medicament, per tooth Interpretain	D1351	Sealant, per tooth			
a a a b a b a b	D1354	Application of caries arresting medicament, per tooth			
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Space maintainer, removable, unilateral, per quadrant Y X-ray and comprehensive treatment plan and narrative required with prior authorization 01526 Space maintainer, removable, bilateral, maxillary Y X-ray and comprehensive treatment plan and narrative required with prior authorization 01527 Space maintainer, removable, bilateral, maxillary Y Y 01528 Re-cement or re-bond bilateral space maintainer, maxillary Y Y 01529 Re-cement or re-bond bilateral space maintainer, mandibular Y Y 01529 Re-cement or re-bond unilateral space maintainer, mandibular Y Y 01529 Re-cement or re-bond unilateral space maintainer, per quadrant Providers are responsible for recementation within 6 months post insertion Y 01557 Removal of fixed unilateral space maintainer, per quadrant Y Y Y 01558 Removal of fixed bilateral space maintainer, maxillary Y Y Y 01558 Removal of fixed bilateral space maintainer, maxillary Y Y Y 01558 Removal of fixed bilateral space maintainer, mandibular Y Y Y 01558 Removal of fixed bilateral space maintainer, mandibular Y Y <t< td=""><td>D1516</td><td>Space maintainer, fixed, bilateral, maxillary</td><td></td><td></td><td></td></t<>	D1516	Space maintainer, fixed, bilateral, maxillary			
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In State Re-cement or re-bond unilateral space maintainer, per quadrant In State Removal of fixed unilateral space maintainer, per quadrant In State Removal of fixed bilateral space maintainer, per quadrant In State Removal of fixed bilateral space maintainer, maxillary In State Removal of fixed bilateral space maintainer, maxillary In State Removal of fixed bilateral space maintainer, mandibular	D1552	Re-cement or re-bond bilateral space maintainer, mandibular			
11557 Removal of fixed bilateral space maintainer, maxillary	D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	Fronders are responsible for recementation within 6 months post insertion		
N1557 Removal of fixed bilateral space maintainer, maxillary	D1556	Removal of fixed unilateral space maintainer, per quadrant			
1575 Distal shoe space maintainer, fixed, per quadrant	D1558	Removal of fixed bilateral space maintainer, mandibular			
	D1575	Distal shoe space maintainer, fixed, per quadrant			



Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Preventive Services (continued)			
D1701	Pfizer-BioNTech Covid-19 vaccine administration, first dose			
D1702	Pfizer-BioNTech Covid-19 vaccine administration, second dose			
D1703	Moderna Covid-19 vaccine administration, first dose			
D1704	Moderna Covid-19 vaccine administration, second dose			
D1707	Janssen Covid-19 vaccine administration			
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent			
D2150	Amalgam, two surfaces, primary or permanent			
D2160	Amalgam, three surfaces, primary or permanent			
D2161	Amalgam, four or more surfaces, primary or permanent	1 of (D2140-D2335, D2391-D2394) per tooth every 24 months		
D2330	Resin-based composite, one surface, anterior	1 01 (D2140-D2555, D2591-D2594) per tooth every 24 months		
D2331	Resin-based composite, two surfaces, anterior			
D2332	Resin-based composite, three surfaces, anterior			
D2335	Resin-based composite, four or more surfaces, involving incisal angle			
-	Resin-based composite crown, anterior	1 (D2390) per tooth every 24 months per provider/office		
D2391	Resin-based composite, one surface, posterior			
D2392	Resin-based composite, two surfaces, posterior			
-		1 of (D2140-D2335, D2391-D2394) per tooth every 24 months		
-	Resin-based composite, four or more surfaces, posterior			
	Crown, resin-based composite (indirect)	Not payable to same provider within 48 months of initial installation	Y	
	Crown, resin with predominantly base metal		Y	-
-	Crown, porcelain/ceramic		Y	1
	Crown, porcelain fused to high noble metal		Y	Comprehensive treatment plan, caries risk
	Crown, porcelain fused to predominantly base metal	Covered for members aged 16 and over, not payable to same provider within 48	Y	assessment and x-rays required with prior
	Crown, porcelain fused to predominantly base metal	months of initial installation	Y	authorization
	Crown, full cast high noble metal	-	Ŷ	
	Crown, full cast predominantly base metal		Ŷ	-
			Y	-
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D2930		1 (D2930, D2932, D2933, D2934) per tooth every 24 months		
D2930				-
	Prefabricated stainless steel crown, permanent tooth	1 (D2931) per tooth every 24 months Covered for members up to age 16		
-				X-ray and narrative required with claim submission ³
D2933		1 (D2930, D2932, D2933, D2934) per tooth every 24 months		
D2940	Protective restoration			
D2950	Core buildup, including any pins when required	Core buildups are considered to be inclusive with crowns Not compensable with any other restorative procedure in previous 24 months	Y	Comprehensive treatment plan and x-rays required with prior authorization
D2951	Pin retention, per tooth, in addition to restoration	Not compensable with any other restorative procedure in previous 24 months		X-ray and narrative required with claim submission 3
	Post and core in addition to crown, indirectly fabricated	Not compensable with any other restorative procedure in previous 24 months	Y	, , , , , , , , , , , , , , , , , , , ,
	Prefabricated post and core in addition to crown		Y	7
D2960			Y	Comprehensive treatment plan and x-rays required
			Y	with prior authorization
			Ŷ	
-	Crown repair necessitated by restorative material failure		Ŷ	1
	Endodontic Services		· · · · · · · · · · · · · · · · · · ·	
	Pulp cap, direct (excluding final restoration)			Comprehensive treatment plan, x-rays and oral hygiene history required on 3 or more teeth within 12 months with claim submission ³
	Pulp cap, indirect (excluding final restoration)			
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220, D3221) per tooth in a lifetime		
D3221	Pulpal debridement, primary and permanent teeth			
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)			
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)			X-ray and narrative required with claim submission



Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Endodontic Services (continued)			
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		Y	
D3330	Endodontic therapy, molar tooth (excluding final restoration)		Y	
	Retreatment of previous root canal therapy, anterior		Y	
	Retreatment of previous root canal therapy, premolar		Y	Comprehensive treatment plan, x-rays and oral
	Apexification/recalcification, initial visit		Y	hygiene history required on 3 or more teeth within
	Apexification/recalcification, interim medication replacement		Y	12 months with prior authorization
	Apexification/recalcification, final visit		Y	
	Apicoectomy, anterior		Y	
D3430	Retrograde filling, per root		Y	
	Periodontal Services			
	Gingivectomy or gingivoplasty, four or more teeth per quadrant		Y	
	Gingivectomy or gingivoplasty, one to three teeth per quadrant		Y	
	Gingivectomy or gingivoplasty, restorative procedure, per tooth		Y	
D4231	Anatomical crown exposure, one to three teeth per quadrant		Y	
	Gingival flap procedure, four or more teeth per quadrant		Y	
	Gingival flap procedure, one to three teeth per quadrant		Y	
	Osseous surgery, four or more teeth per quadrant		Y	Comprehensive treatment plan, x-rays and
	Osseous surgery, one to three teeth per quadrant		Y	periodontal charting with prior authorization
	Biologic materials to aid in soft and osseous tissue regeneration, per site		Y	_
	Pedicle soft tissue graft procedure		Y	
	Non-autogenous connective tissue graft, first tooth		Y	
	Combined connective tissue and pedicle graft		Y	
	Free soft tissue graft, first tooth		Y	
D4278	Free soft tissue graft, each additional tooth		Y	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant		Y	Treatment plan, images showing alveolar bone loss on 4+ teeth and calculus on root surfaces; 4 quadrants will not be approved with recent oral prophylaxis within 12 months with prior authorization
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		Y	Treatment plan, images showing alveolar bone loss on 1-3 teeth and calculus on root surfaces; 4 quadrants will not be approved with recent oral prophylaxis within 12 months with prior authorization
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) in a lifetime	Y	Comprehensive treatment plan, x-rays and periodontal charting with prior authorization
D4910	Periodontal maintenance	1 (D4910) every 6 months, with history of periodontitis	Y	Comprehensive treatment plan and narrative required with prior authorization
	Removable Prosthodontic Services			
	Complete denture, maxillary	1 of (D5110, D5120) per arch every 5 years	Y	Comprehensive treatment plan and panoramic image
	Complete denture, mandibular	_ = (-====), =====, per =, e , e , e	Y	required with prior authorization
	Immediate denture, maxillary	1 of (D5130, D5140) per arch in a lifetime	Y	Comprehensive treatment plan and panoramic image
-	Immediate denture, mandibular	() p	Y	required with prior authorization
	Maxillary partial denture, resin base		Y	
	Mandibular partial denture, resin base		Y	Comprehensive treatment plan and panoramic image
	Maxillary partial denture, cast metal, resin base		Y	or FMX required when replacing multiple teeth with
	Mandibular partial denture, cast metal, resin base	1 of (D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283) per arch every 5	Y	prior authorization
	Maxillary partial denture, flexible base	years, Covered for members age 16 and over	Y	P
	Mandibular partial denture, flexible base		Y	
	Removable unilateral partial denture, one piece cast metal, maxillary		Y	
-	Removable unilateral partial denture, one piece cast metal, mandibular		Y	Comprehensive treatment plan and narrative
	Removable unilateral partial denture, one piece flexible base, per quadrant		Y	required with prior authorization
	Removable unilateral partial denture, one piece resin, per quadrant	2 -{/DE440_DE444_DE424_DE422	Y	
	Adjust complete denture, maxillary	3 of (D5410, D5411, D5421, D5422) per arch every 12 months		
D5411	Adjust complete denture, mandibular	Providers are responsible for any additional adjustments during first 24 months after		



Coverage, Limitations and Prior Authorization Requirements

Removable Prosthodontic Services (continued)Image: continued of the service of the ser	Code Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
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NUM1 Spectrology and setup of the manufactory multipy Interfactory and setup of the setup o	D5421 Adjust partial denture, maxillary	3 of (D5410, D5411, D5421, D5422) per arch every 12 months		
US312 Boals i Jose complete derivare bar, reading: Image: Complete derivare bar, readind: Image: Complete derivare bar, read	D5422 Adjust partial denture, mandibular	Providers are responsible for any additional adjustments during first 24 months after		
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DBS11 Openal regard regard regard sector sectors, manufaultary Increase In	D5512 Repair broken complete denture base, maxillary	1 01 (DSS11, DSS12, DS021, DS022) per archievery calendar year		
Discist Repair and partial framework, mandlary Instrume output of the strume o	D5520 Replace missing or broken teeth, complete denture	1 (D5520) per tooth every calendar year		Narrative required with claim submission ³
Discis Register and profile framework, manifely 1 af (0551), 05512, 05621, per and newsy calendary sear Annalate and period a darking register with claims, burners of a loss of a los	D5611 Repair resin partial denture base, mandibular			
D552: Regar at a part a material, per toth 10 (0511, 0512, 0522, 0562, 0567) Number of the structure o	D5612 Repair resin partial denture base, maxillary			
Desc: Read: and partial metroch, making Loss Read: and partial metroch, making <thloss< th=""> <thloss< th=""> Read: and</thloss<></thloss<>	D5621 Repair cast partial framework, mandibular	1 of /DEE11 DEE12 DEC21 DEC22) not over a clonder year		Nerretive and perio shorting required with claim
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05550 Add tasks to existing partial denture, not not measure of the control in a lifetime Narrative and perior charting required with submatule is unmatule in a lifetime 05660 Add tasks to existing partial denture, not not in a lifetime Y Opportunity of the alternet is any normality in a lifetime is an interval interval interval interval and perior charting required with prior authorization is an interval in	D5630 Repair or replace broken retentive clasping materials, per tooth	1 (D5630) per tooth every calendar year		Submission 9
D560 Add day to existing partial derivate, part outring required with nois submission. ¹ Narrative and part outring required with nois submission. ¹ D5670 Replace all teeth & ary(on cast metal frame, manifluor Y Comprehensive treatment plan, x-rays and oral noise mission. ¹ D5710 Rebace complete manifluor derivate Y Partial derivation. Y D5710 Rebace complete manifluor derivate Y Comprehensive treatment plan, x-rays and oral noise mission. ¹ D5720 Rebace maining varial derivate Y Partial derivate Y D5730 Rebace maining varial derivate Y Partial derivate. Y D5730 Rebace manifluor partial derivate. Y Partial derivate. Y D5730 Rebace manifluor partial derivate. Y Partial derivate. Y D5730 Rebace manifluor partial derivate. Y Partial derivate. Y D5730 Rebace manifluor partial derivate. Y Partial derivate. Y D5730 Rebace manifluor partial derivate. Y Partial derivate. Comprehensive treatment plan. Y D5730	D5640 Replace broken teeth, per tooth	1 (D5640) per tooth every calendar year		
Dotson Add cdp to existing partial perturb,	D5650 Add tooth to existing partial denture	1 (D5650) per tooth in a lifetime		
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D5982 Surgical stent Y D5983 Radiation carrier Y				
D5983 Radiation carrier Y				
D5984 Radiation shield Y				
D598 Radiation cone locator Y	D5985 Radiation cone locator		Y	<u> </u>



Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Maxillofacial Prosthetics Services			
D5986	Fluoride gel carrier		Y	Comprehensive treatment plan and narrative
D5999	Unspecified maxillofacial prosthesis, by report		Y	required with prior authorization
	Implant Services			
D6105	Removal of implant body not requiring bone removal or flap elevation		Y	Written report or treatment plan required with prior authorization
	Fixed Prosthodontic Services			
D6211	Pontic, cast predominantly base metal		Y	
D6241	Pontic, porcelain fused to predominantly base metal		Y	
D6251	Pontic, resin with predominantly base metal		Y	
D6545	Retainer, cast metal for resin bonded fixed prosthesis		Y	Comprehensive treatment plan and narrative
D6721	Retainer crown, resin with predominantly base metal	Covered for members age 17 and older	Y	required with prior authorization
D6751	Retainer crown, porcelain fused to predominantly base metal		Y	required with prior authorization
D6791	Retainer crown, full cast predominantly base metal		Y	
D6930	Re-cement or re-bond fixed partial denture		Y	
D6980	Fixed partial denture repair, restorative material failure		Y	
	Oral and Maxillofacial Services			
D7111	Extraction, coronal remnants, primary tooth			
-	Extraction, erupted tooth or exposed root			
-	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth			
	Removal of impacted tooth, soft tissue			
-	Removal of impacted tooth, partially bony			X-ray and narrative required with claim submission
-	Removal of impacted tooth, completely bony			-
	Removal impacted tooth, complete bony, complication		Y	X-ray - and written report or treatment plan required with prior authorization
D7250	Removal of residual tooth roots (cutting procedure)			
-	Primary closure of a sinus perforation			X-ray and narrative required with claim submission
	Tooth reimplantation and/or stabilization, accident			
	Exposure of an unerupted tooth		Y	Written report or treatment plan required with prior authorization
D7282	Mobilization of erupted/malpositioned tooth			X-ray-narrative required with claim submission
	Placement, device to facilitate eruption, impaction		Y	Written report or treatment plan required with prior authorization
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)			Narrative required with claim submission
-	Incisional biopsy of oral tissue, soft			Narrative required with claim submission
-	Alveoloplasty with extractions, four or more teeth per guadrant			X-ray -narrative detailing medical necessity required
-	Alveoloplasty, w/o extractions, one to three teeth per guadrant			with claim submission
-	Excision of benign lesion, up to 1.25 cm			Narrative required with claim submission
-	Excision of benign lesion, greater than 1.25 cm		Y	Written report or treatment plan required with prior
-	Excision of benign lesion, complicated		Y	authorization
-	Excision of malignant lesion, up to 1.25 cm			
-	Excision of malignant lesion, greater than 1.25 cm			-1
D7415				-1
	Excision of malignant tumor, up to 1.25 cm			
	Excision of malignant tumor, greater than 1.25 cm			Narrative detailing medical necessity required with
-	Removal, benign odontogenic cyst/tumor, up to 1.25 cm			claim submission
	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm			
	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm			
	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm			
-	Destruction of lesion(s) by physical or chemical method, by report			
-	Removal of lateral exostosis, maxilla or mandible		Y	
	Removal of torus palatinus		Y	
	Removal of torus mandibularis		Y	Written report or treatment plan required with prior
	Reduction of osseous tuberosity		Y	authorization
	Radical resection of maxilla or mandible		Y	
-	Incision & drainage of abscess, intraoral soft tissue		T	
	Incision & drainage of abscess, intraoral soft tissue, complicated			Narrative required with claim submission 3
0/311	incision & dramage of abscess, incraoral solt lissue, complicated			



Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)			
D7520	Incision & drainage of abscess, extraoral soft tissue			Negrative required with claim submission 3
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated			Narrative required with claim submission ³
D7530	Remove foreign body, mucosa, skin, tissue			Narrative required with claim submission
D7540	Removal of reaction producing foreign bodies, musculoskeletal system			Narrative required with claim submission
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			
D7610	Maxilla, open reduction (teeth immobilized, if present)			
D7620	Maxilla, closed reduction (teeth immobilized, if present)			
D7630	Mandible, open reduction (teeth immobilized, if present)			
D7640	Mandible, closed reduction (teeth immobilized, if present)			
D7650	Malar and/or zygomatic arch, open reduction			
D7660				X-ray and narrative detailing medical necessity
D7670	Alveolus, closed reduction, may include stabilization of teeth			required with claim submission
D7671				1 '
D7710				
-	Maxilla, closed reduction			1
D7730				1
-	Mandible, closed reduction			1
D7750				1
-	Malar and/or zygomatic arch, closed reduction			1
D7770				
				4
D7780				Narrative detailing medical necessity required with
D7780	· · · ·			claim submission
D7820				4
-			N N	
D7840			Y	4
D7850			Y	-
D7858			Y	4
D7860	Arthrotomy		Y	4
D7865	Arthroplasty		Y	4
D7870			Y	Written report or treatment plan required with prior
			Y	authorization
D7873	Arthroscopy: lavage and lysis of adhesions		Y	-
D7874			Y	4
D7875	Arthroscopy: synovectomy		Y	
D7876			Y	
D7877	Arthroscopy: debridement		Y	
D7880			Y	
D7910				Narrative detailing medical necessity required with
D7911	Complicated suture, up to 5 cm			claim submission
D7912	Complicated suture, greater than 5 cm			
D7920	Skin graft (identify defect covered, location and type of graft)		Y	Written report or treatment plan required with pricauthorization Written report or treatment plan required with pricauthorization Written report or treatment plan required with pricauthorization Written report or treatment plan required with pricauthorization
D7940	Osteoplasty, for orthognathic deformities		Y	
D7941	Osteotomy, mandibular rami		Y	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft		Y	
D7944	Osteotomy, segmented or subapical		Y	
D7945	Osteotomy, body of mandible		Y	
D7946	LeFort I (maxilla, total)		Y	
D7947	LeFort I (maxilla, segmented)		Y	
D7948			Y	
D7949	LeFort II or LeFort III, with bone graft		Y	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report		Y	authorization
D7961	Buccal/labial frenectomy (frenulectomy)			Narrative detailing medical necessity required with
D7962	Lingual frenectomy (frenulectomy)			claim submission
				Written report or treatment plan required with prior
D7970	Excision of hyperplastic tissue, per arch		Y	authorization
I				autionzation



Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required	
	Oral and Maxillofacial Services (continued)				
D7971	Excision of pericoronal gingiva				
D7972	Surgical reduction of fibrous tuberosity				
D7980	Surgical sialolithotomy			Narrative detailing medical necessity required with	
D7981	Excision of salivary gland, by report			claim submission	
D7982	Sialodochoplasty				
D7983	Closure of salivary fistula				
D7990	Emergency tracheotomy				
D7991	Coronoidectomy		Y	Written report or treatment plan required with prior	
D7999	Unspecified oral surgery procedure, by report		Y	authorization	
	Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit			X-ray -narrative detailing medical necessity required with claim submission ³	
D9130	Temporomandibular joint dysfunction, non-invasive physical therapies		Y	Written report or treatment plan required with prior authorization	
D9222	Deep sedation/general anesthesia, first 15 minute increment			Narrative detailing medical necessity required with	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment			claim submission	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 (D9230) per date of service; 4 (D9230) per year; not separately reimbursable if provided on the same date by the same provider as IV sedation, non-Intravenous conscious sedation, or general anesthesia			
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Covered when medically necessary. Not separately reimbursable, if provided on the same date by same provider as analgesia, anxiolysis, inhalation of nitrous oxide, IV sedation or general anesthesia.		Narrative detailing medical necessity required with claim submission ³	
D9310	Consultation, other than requesting dentist				
D9610	Therapeutic parenteral drug, single administration				
D9930	Treatment of complications, post surgical, unusual, by report			Narrative detailing medical necessity required with claim submission ³	
D9944	Occlusal guard, hard appliance, full arch		Y		
D9945	Occlusal guard, soft appliance, full arch		Y	Multitude and an end of the start of the second s	
D9946	Occlusal guard, hard appliance, partial arch		Y	Written report or treatment plan required with prior	
D9950	Occlusion analysis, mounted case	1 (D9950) every 36 months	Y	authorization	
D9951	Occlusal adjustment, limited	1 (D9951) every 36 months	Y		
D9995		(VA)			
	Teledentistry, asynchronous; information stored and forwarded to dentist for			Narrative detailing medical necessity required with	
D9996	subsequent review	(VA)		claim submission 3	
D9999	Unspecified adjunctive procedure, by report		Y	Written report or treatment plan required with prior authorization	
	Orthodontic Services (Prior Authorization Required)				
Claim Su necessar	orization (including HLD) is required. In certain circumstances, children scoring under a Ibmission: Comprehensive orthodontic payments will be made after all pre-authorizati y to receive quarterly payments.	score of 30 on the HLD may have benefits provided under EPSDT guidelines. An addition on requirements have been met and a claim received. Ongoing payments will be made or	ver the course of treatment on		
D8020	Limited orthodontic treatment of the transitional dentition	Covered for members under age 18 at time of prior authorization	Y		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Approved services covered up to 36 months	Y		
D8220	Fixed appliance therapy		Y		
D8670	Periodic orthodontic treatment visit		Y		
D8695	Removal of fixed orthodontic appliances, other than completion of treatment	1 (D8695) in a lifetime	Y	Intraoral photos and detailed narrative required with prior authorization	
D8999	Unspecified orthodontic procedure, by report		Y	Written report or treatment plan required with prior authorization	