UnitedHealthcare Community Plan of New York Dual Complete NY-Y001 (HMO D-SNP) / Medicaid Advantage Plus (MAP) Dental Quick Reference Guide

Effective: April 1, 2024

UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage. To register for the Dental Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.

Provider services

Phone: **1-800-304-0634**
8 a.m. – 5 p.m. CST Monday–Friday (IVR: 24/7)

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

Prior authorization

UnitedHealthcare Dental Authorizations
Attn: Prior Authorization
P.O. Box 2067
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103, MS CA124-0187
Cypress, CA 90630-0023
A&G Standard Fax: 1-844-226-0356
A&G Expedited Fax/Part C: 1-866-373-1081
Toll-free: **1-866-547-0772 TTY: 711**

Claims

UnitedHealthcare Dental Claims
P.O. Box 2061
Milwaukee, WI 53201

EDI Payer ID
GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 1427
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Dental
Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

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

Important notes

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

Additional NY Provider information is located at **https://www.emedny.org/ProviderManuals/index.aspx**

United Healthcare® | Dental Benefit Providers®

Sample member ID card
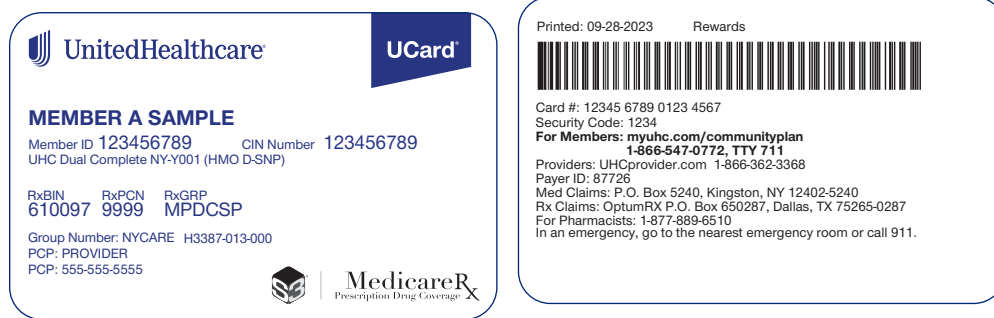
Prior authorization:

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

When submitting for Prosthodontics (Removable) CDT codes D5000-D5899, providers are required to submit the **Justification of Need for Replacement Prosthesis Form**.

Providers are REQUIRED to submit a **Justification of Need for Replacement Prosthesis Form** with ALL prior approval requests for replacement denture(s) only if replacement occurs within 8 year frequency limit.

Providers are directed to complete the entirety of the **Justification of Need for Replacement Prosthesis Form** prior to submitting it to UHC Dental

- Provider must identify if initial or replacement removable prosthesis. Providers must identify if it is a second replacement within the frequency limit per the new form.

When submitting Implant Services D6000-D6199 CDT codes, providers are required to submit an **Evaluation of the Dental Implant Patient Form.**

Providers are REQUIRED to submit a **Evaluation of the Dental Implant Patient Form** with ALL prior approval requests for all dental implants.

Providers are required to complete the entirety of the **Evaluation of the Dental Implant Patient Form** prior to submitting it to UnitedHealthcare Dental.

Samples of the **Need for Replacement Prosthesis Form** and **Evaluation of the Dental Implant Patient Form** can be found at the end of this QRG. The forms can also be found on **UHCdental.com/medicaid** under State specific alerts and resources.

Limitations:

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

- **Plan Year** refers to a single calendar year (i.e. 01/01/2020-12/31/2020)
- A **Floating Year** is based on the date of service. For instance, if a procedure is allowed once every two Floating Years and the treatment is provided on 06/01/2020, the patient will not be eligible for this procedure again until 06/01/2022.

- **Codeset Limits:** Any procedures that include a Codeset Limitation have limitations that are connected to other procedures. For instance, Bitewings are limited to one set per six months. This Codeset includes four procedures: D0270, D0272, D0273, D0274.

UnitedHealthcare NY Ortho Continuation of Care (COC)

Prior to submission of CDT code D8670, if a patient was banded under another Medicaid Program within the state of New York and has switched to UnitedHealthcare Medicaid Dental MMC, HARP or EPP Plans, provider must mail COC request to:

UnitedHealthcare Appeals
PO Box 1267
Milwaukee, WI 53201

Mailing submission requirements:

- Copy of the original approval from prior Medicaid vendor
- Copy of EOB/remit showing paid banding (D8080)
- Payment history from prior vendor(s)

ADA Form is NOT REQUIRED per the state but is preferred.

If the member was banded under another Medicaid Program (within NY) and has now switched to UHC, they must submit COC to UnitedHealthcare Dental Appeals (PO Box 1267 Milwaukee, WI 53201) before submitting claims for D8670*.

Submission requirements:

- Copy of the original approval from prior Medicaid vendor
- Copy of EOB/remit showing paid banding (D8080)
- Payment history from prior vendor (s)
- ADA Form is NOT REQUIRED per the state but is preferred
  - Cases banded longer than 36 months will NOT be approved.
- If the member was banded under another Medicaid program or UHC (within NY) and is transferring providers, they can follow the above steps for continuation of care submission; however, they MUST submit the entire prior payment history from the original treating provider. These are processed in the member's call record if they have been processed.
- If the member was previously paying out of pocket or was commercially covered requests for continuation of care will be denied. The provider must submit all of the original records and a request to the auth department for brand new D8080. The case must be reviewed as if the treatment had never begun to determine if it would meet the state's Medicaid guidelines for D8080 approval.

Benefit coverage, limitations, and requirements

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements. This table is subject to change. Up to date covered services may be found at **UHCdental.com/medicaid**.

Code	Procedure	Frequency limit	Prior auth required
D0120	Periodic Oral Exam	1 per code every 6 Months	No
D0140	Limited Oral Evaluation - Problem Focused		No
D0145	Oral Evaluation, Patient Under Three		No
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 per code every 12 Months	No

Code	Procedure	Frequency limit	Prior auth required
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	2 per code every 12 Months	No
D0170	Re-Evaluation - Limited, Problem Focused		No
D0180	Comprehensive periodontal evaluation	2 per code every 12 Months	No
D0210	Intraoral - Comprehensive Series of Radiographic Images	1 per code every 36 Months	No
D0220	Intraoral - Periapical First Radiographic Image		No
D0230	Intraoral - Periapical Each Additional Image		No
D0240	Intraoral - Occlusal Radiographic Image	2 per code every 36 Months	No
D0250	Extraoral - 2D Projection Radiographic image	1 per code every 6 Months	No
D0251	Extra-Oral Posterior Dental Radiographic Image	2 per code every 12 Months	No
D0270	Bitewing - Single Radiographic Image	2 per code every 12 Months	No
D0272	Bitewings - Two Radiographic Images	2 per code every 12 Months	No
D0273	Bitewings - Three Radiographic Images	2 per code every 12 Months	No
D0274	Bitewings - Four Radiographic Images	2 per code every 12 Months	No
D0310	Sialography		No
D0320	Temporomandibular Joint Arthrogram, Including Injection		No
D0321	Other Temporomandibular Joint Radiographic Images, By Report		No
D0330	Panoramic Radiographic Image	1 per code every 36 Months	No
D0340	2D Cephalometric Radiographic Image	1 per code every 12 Months	No
D0350	Oral/Facial Photographic Images	1 per code every 12 Months	No
D0364	Cone Beam - Less Than One Whole Jaw		Yes
D0365	Cone Beam - One Full Dental Arch - Mandible		Yes
D0366	Cone Beam - One Full Dental Arch - Maxilla		Yes
D0367	Cone Beam - Both Jaws	1 per code every 5 Years	Yes
D0368	Cone Beam o TMJ Series		Yes
D0470	Diagnostic Casts	1 per code every 24 Months	No
D0474	Accession Of Tissue, Gross And Microscopic Examination		No
D0485	Consultation, Including Preparation Of Slides From Biopsy Material		No
D0502	Other Pathology Procedures, By Report	2 per code every 12 Months	No
D0999	Unspecified Diagnostic Procedures, By Report		Yes
D1110	Prophylaxis - Adult (ages 13-99)	2 per code every 12 Months	No
D1120	Prophylaxis - Child (ages 0-12)	2 per code every 12 Months	No
D1206	Topical Application Of Fluoride Varnish (ages 0-6)	4 per code every 12 Months	No
D1206	Topical Application Of Fluoride Varnish (ages 7-20)	2 per code every 12 Months	No
D1208	Topical Application of Fluoride (ages 0-6)	4 per code every 12 Months	No
D1208	Topical Application of Fluoride (ages 7-99)	2 per code every 12 Months	No
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	2 per code every 12 Months	No
D1351	Sealant - Per Tooth	1 per code per tooth every 36 Months	No
D1354	Interim Caries Arresting Medicament Application - per tooth	2 per code per tooth every 12 Months	No
D1510	Space Maintainer - Fixed - Unilateral - per quadrant		No
D1516	Space Maintainer - Fixed - Bilateral, maxillary		No
D1517	Space Maintainer - Fixed - Bilateral, mandibular		No
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	1 per code every Accum Year	No
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	1 per code every Accum Year	No
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	1 per code per quadrant every Accum Year	No
D1575	Distal shoe space maintainer - fixed - per quadrant	1 per code per quadrant every Accum Year	No

Code	Procedure	Frequency limit	Prior auth required
D2140	Amalgam - One Surface, Primary Or Permanent		No
D2150	Amalgam - Two Surfaces, Primary Or Permanent		No
D2160	Amalgam - Three Surfaces, Primary Or Permanent		No
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent		No
D2330	Resin-Based Composite - One Surface, Anterior		No
D2331	Resin-Based Composite - Two Surfaces, Anterior		No
D2332	Resin-Based Composite - Three Surfaces, Anterior		No
D2335	resin-based composite – four or more surfaces (anterior)		No
D2390	Resin-Based Composite Crown, Anterior		No
D2391	Resin-Based Composite - One Surface, Posterior		No
D2392	Resin-Based Composite - Two Surfaces, Posterior		No
D2393	Resin-Based Composite - Three Surfaces, Posterior		No
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior		No
D2710	Crown - Resin-Based Composite (Indirect)	1 per code per tooth every 5 Years	Yes
D2720	Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes
D2721	Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D2722	Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes
D2740	Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes
D2750	Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D2752	Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes
D2780	Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes
D2781	Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D2782	Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	Yes
D2790	Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes
D2791	Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D2792	Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes
D2794	crown – titanium and titanium alloys	1 per code per tooth every 5 Years	No
D2920	Re-Cement or Re-Bond Crown		No
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		No
D2931	prefabricated stainless steel crown – permanent tooth		No
D2932	Prefabricated Resin Crown	1 per code per tooth every 24 Months	No
D2933	Prefabricated Stainless Steel Crown With Resin Window		No
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	1 per code per tooth every 5 Years	No
D2951	Pin Retention - Per Tooth, In Addition To Restoration	1 per code per tooth every 12 Months	No
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	1 per code per tooth every 5 Years	Yes
D2954	Prefabricated Post And Core In Addition To Crown	1 per code per tooth every 5 Years	Yes
D2955	Post Removal		No
D2980	Crown Repair		Yes
D2999	Unspecified Restorative Procedure, By Report		Yes
D3220	Therapeutic Pulpotomy	1 per code per tooth every Lifetime	No
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	1 per code per tooth every Lifetime	No
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	1 per code per tooth every Lifetime	No
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes

Code	Procedure	Frequency limit	Prior auth required
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	1 per code per tooth every Lifetime	Yes
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	1 per code per tooth every Lifetime	Yes
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	1 per code per tooth every Lifetime	Yes
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1 per code per tooth every Lifetime	Yes
D3351	Apexification / Recalcification - Initial Visit	1 per code per tooth every Lifetime	No
D3352	Apexification / Recalcification - Interim	1 per code per tooth every Lifetime	No
D3353	Apexification / Recalcification - Final Visit	1 per code per tooth every Lifetime	No
D3410	Apicoectomy - Anterior	1 per code per tooth every Lifetime	No
D3421	Apicoectomy - Premolar (First Root)	1 per code per tooth every Lifetime	No
D3425	Apicoectomy - Molar (First Root)	1 per code per tooth every Lifetime	No
D3426	Apicoectomy - Each Additional Root)	1 per code per tooth every Lifetime	No
D3430	Retrograde Filling - Per Root	3 per code per tooth every Lifetime	No
D3999	Unspecified Endodontic Procedure, By Report		Yes
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	1 per code per quadrant every 24 Months	Yes
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	1 per code per quadrant every 24 Months	Yes
D4245	Apically Positioned Flap		Yes
D4249	Clinical Crown Lengthening - Hard Tissue		Yes
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site		Yes
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site (Inc		Yes
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position		Yes
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position		Yes
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First		Yes
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional		Yes
D4283	Autogenous Connective Tissue Graft Procedures, Each Additional		Yes
D4285	Non-Autogenous Connective Tissue Graft, Each Additional		Yes
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	1 per code per quadrant every 24 Months	Yes
D4910	Periodontal Maintenance	2 per code every 12 Months	Yes
D4999	Unspecified Periodontal Procedure, By Report		Yes
D5110	Complete Denture - Maxillary	1 per code every 48 Months	Yes
D5120	Complete Denture - Mandibular	1 per code every 48 Months	Yes
D5211	Maxillary Partial Denture - Resin Base	1 per code every 48 Months	Yes
D5212	Mandibular Partial Denture - Resin Base	1 per code every 48 Months	Yes
D5213	maxillary partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes
D5214	mandibular partial denture - cast metal framework with resin denture bases	1 per code every 48 Months	Yes
D5225	maxillary partial denture - flexible base (including any retentive clasping mate	1 per code every 48 Months	Yes
D5226	mandibular partial denture - flexible base (including any retentive clasping mat	1 per code every 48 Months	Yes
D5410	Adjust Complete Denture - Maxillary	1 per code every 6 Months	No
D5411	Adjust Complete Denture - Mandibular	1 per code every 6 Months	No
D5421	Adjust Partial Denture - Maxillary	1 per code every 6 Months	No
D5422	Adjust Partial Denture - Mandibular	1 per code every 6 Months	No

Code	Procedure	Frequency limit	Prior auth required
D5511	Repair Broken Complete Denture Base - Mandibular		No
D5512	Repair Broken Complete Denture Base - Maxillary		No
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)		No
D5611	Repair Resin Partial Denture Base - Mandibular		No
D5612	Repair Resin Partial Denture Base - Maxillary		No
D5621	Repair Cast Partial Framework - Mandibular		No
D5622	Repair Cast Partial Framework - Maxillary		No
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	1 per code per tooth every 6 Months	No
D5640	Replace Broken Teeth - Per Tooth	1 per code per tooth every 6 Months	No
D5650	Add Tooth To Existing Partial Denture		No
D5660	Add Clasp To Existing Partial Denture - Per Tooth		No
D5710	Rebase Complete Maxillary Denture	1 per code every 12 Months	No
D5711	Rebase Complete Mandibular Denture	1 per code every 12 Months	No
D5720	Rebase Maxillary Partial Denture	1 per code every 12 Months	No
D5721	Rebase Mandibular Partial Denture	1 per code every 12 Months	No
D5730	reline complete maxillary denture (direct)	1 per code every 12 Months	No
D5731	reline complete mandibular denture (direct)	1 per code every 12 Months	No
D5740	reline maxillary partial denture (direct)	1 per code every 12 Months	No
D5741	reline mandibular partial denture (direct)	1 per code every 12 Months	No
D5750	reline complete maxillary denture (indirect)	1 per code every 12 Months	No
D5751	reline complete mandibular denture (indirect)	1 per code every 12 Months	No
D5760	reline maxillary partial denture (indirect)	1 per code every 12 Months	No
D5761	reline mandibular partial denture (indirect)	1 per code every 12 Months	No
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	1 per code every 12 Months	No
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	1 per code every 12 Months	No
D5850	Tissue Conditioning, Maxillary	1 per code every 12 Months	No
D5851	Tissue Conditioning, Mandibular	1 per code every 12 Months	No
D5899	Unspecified Removable Prosthodontic Procedure, By Report		Yes
D5911	Facial Moulage (Sectional)		No
D5912	Facial Moulage (Complete)		No
D5913	Nasal Prosthesis		No
D5914	Auricular Prosthesis		No
D5915	Orbital Prosthesis		No
D5916	Ocular Prosthesis		No
D5919	Facial Prosthesis		No
D5922	Nasal Septal Prosthesis		No
D5923	Ocular Prosthesis, Interim		No
D5924	Cranial Prosthesis		No
D5925	Facial Augmentation Implant Prosthesis		No
D5926	Nasal Posthesis, Replacement		No
D5927	Auricular Prosthesis, Replacement		No
D5928	Orbital Prosthesis, Replacement		No
D5929	Facial Prosthesis, Replacement		No
D5931	Obturator Prosthesis, Surgical		No

Code	Procedure	Frequency limit	Prior auth required
D5932	Obturator Prosthesis, Definitive		No
D5933	Obturator Prosthesis, Modification		No
D5934	Mandibular Resection Prosthesis With Guide Flange		No
D5935	Mandibular Resection Prosthesis Without Guide Flange		No
D5936	Obturator Prosthesis, Interim		No
D5937	Trismus Appliance (Not For Tmd Treatment)		No
D5951	Feeding Aid		No
D5952	Speech Aid Prosthesis, Pediatric		No
D5953	Speech Aid Prosthesis, Adult		No
D5954	Palatal Augmentation Prosthesis		No
D5955	Palatal Lift Prosthesis, Definitive		No
D5958	Palatal Lift Prosthesis, Interim		No
D5959	Palatal Lift Prosthesis, Modification		No
D5960	Speech Aid Prosthesis, Modification		No
D5982	Surgical Stent		No
D5983	Radiation Carrier		No
D5984	Radiation Shield		No
D5985	Radiation Cone Locator		No
D5986	Fluoride Gel Carrier		No
D5987	Commissure Splint		No
D5988	Surgical Splint		No
D5999	Unspecified Maxillofacial Prosthesis, By Report		Yes
D6010	Surgical Placement Of Implant Body: Endosteal Implant	1 per code per tooth every Lifetime	Yes
D6013	Surgical Placement Of Mini Implant	1 per code per tooth every Lifetime	Yes
D6055	Connecting Bar - Implant Supported Or Abutment Supported	1 per code per tooth every 8 Years	Yes
D6056	Prefabricated Abutment - Includes Modification And Placement	1 per code per tooth every 8 Years	Yes
D6057	Custom Fabricated Abutment - Includes Placement	1 per code per tooth every 8 Years	Yes
D6058	Abutment Supported Porcelain/Ceramic Crown	1 per code per tooth every 8 Years	Yes
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	1 per code per tooth every 8 Years	Yes
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	1 per code per tooth every 8 Years	Yes
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	1 per code per tooth every 8 Years	Yes
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	1 per code per tooth every 8 Years	Yes
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	1 per code per tooth every 8 Years	Yes
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	1 per code per tooth every 8 Years	Yes
D6065	Implant Supported Porcelain/Ceramic Crown	1 per code per tooth every 8 Years	Yes
D6066	implant supported crown – porcelain fused to metal crown (titanium, titanium all	1 per code per tooth every 8 Years	Yes
D6067	implant supported metal crown – (titanium, titanium alloy, high noble metals all	1 per code per tooth every 8 Years	Yes
D6081	Scaling and debridement	1 per code per tooth every 12 Months	Yes
D6090	Repair Implant Supported Prosthesis, By Report	1 per code per tooth every 12 Months	Yes
D6091	Replacement Of Semi-Precision Or Precision Attachment	1 per code per tooth every 12 Months	Yes
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	1 per code per tooth every 24 Months	Yes
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	1 per code per tooth every 24 Months	Yes
D6094	abutment supported crown – (titanium) and titanium alloys	1 per code per tooth every 8 Years	Yes

Code	Procedure	Frequency limit	Prior auth required
D6095	Repair Implant Abutment, By Report	1 per code per tooth every 12 Months	Yes
D6096	Remove Broken Implant Retaining Screw	1 per code per tooth every 12 Months	Yes
D6100	Surgical removal of implant body removal, by report		Yes
D6101	Debridement Of A Peri-Implant Defect And Surface Cleaning	1 per code per tooth every 24 Months	Yes
D6102	Debridement/Osseous Contouring Of Peri-Implant Defect; Includes Surface Cleaning	1 per code per tooth every 24 Months	Yes
D6103	Bone Graft For Repair Of Peri-Implant Defect - Not Including Flap Entry/Closure	1 per code per tooth every 24 Months	Yes
D6104	Bone Graft At Time Of Implant Placement	1 per code per tooth every Lifetime	Yes
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	1 per code every 8 Years	Yes
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	1 per code every 8 Years	Yes
D6112	Implant/Abutment Supported Removable Denture-Partially Edentulous Maxillary Arch	1 per code every 8 Years	Yes
D6113	Implant/Abutment Supported Removable Denture-Partially Edentulous Mand. Arch	1 per code every 8 Years	Yes
D6190	Radiographic/Surgical Implant Index, By Report	1 per code per tooth every 12 Months	Yes
D6191	semi-precision abutment – placement	1 per code per tooth every 8 Years	Yes
D6192	semi-precision attachment – placement	1 per code per tooth every 8 Years	Yes
D6199	Unspecified Implant Procedure, By Report		Yes
D6210	Pontic - Cast High Noble Metal	1 per code per tooth every 5 Years	Yes
D6211	Pontic - Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6212	Pontic - Cast Noble Metal	1 per code per tooth every 5 Years	Yes
D6214	pontic – titanium and titanium alloys	1 per code per tooth every 5 Years	Yes
D6240	Pontic - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6242	Pontic - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes
D6243	Pontic - porcelain fused to Titanium And Titanium Alloys	1 per code per tooth every 5 Years	Yes
D6245	Pontic - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes
D6250	Pontic - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes
D6251	Pontic - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6252	Pontic - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	1 per code per tooth every 5 Years	Yes
D6720	Retainer Crown - Resin With High Noble Metal	1 per code per tooth every 5 Years	Yes
D6721	Retainer Crown - Resin With Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6722	Retainer Crown - Resin With Noble Metal	1 per code per tooth every 5 Years	Yes
D6740	Retainer Crown - Porcelain/Ceramic	1 per code per tooth every 5 Years	Yes
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	1 per code per tooth every 5 Years	Yes
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6752	Retainer Crown - Porcelain Fused To Noble Metal	1 per code per tooth every 5 Years	Yes
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes
D6780	Retainer Crown - 3/4 Cast High Noble Metal	1 per code per tooth every 5 Years	Yes
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1 per code per tooth every 5 Years	No
D6782	Retainer Crown - 3/4 Cast Noble Metal	1 per code per tooth every 5 Years	No
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1 per code per tooth every 5 Years	No
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	1 per code per tooth every 5 Years	Yes

Code	Procedure	Frequency limit	Prior auth required
D6790	Retainer Crown - Full Cast High Noble Metal	1 per code per tooth every 5 Years	Yes
D6791	Retainer Crown - Full Cast Predominantly Base Metal	1 per code per tooth every 5 Years	Yes
D6792	Retainer Crown - Full Cast Noble Metal	1 per code per tooth every 5 Years	Yes
D6794	retainer crown – titanium and titanium alloys	1 per code per tooth every 5 Years	No
D6930	Re-Cement Or Re-Bond Fixed Partial Denture		No
D6980	Fixed Partial Denture Repair		Yes
D6999	Unspecified Fixed Prosthodontic Procedure, By Report		Yes
D7111	Extraction, Coronal Remnants - PrimaryTooth	1 per code per tooth every Lifetime	No
D7140	Extraction, Erupted Tooth Or Exposed Root	1 per code per tooth every Lifetime	No
D7210	Extraction, Erupted Tooth	1 per code per tooth every Lifetime	No
D7220	Removal Of Impacted Tooth - Soft Tissue	1 per code per tooth every Lifetime	Yes
D7230	Removal Of Impacted Tooth - Partially Bony	1 per code per tooth every Lifetime	Yes
D7240	Removal Of Impacted Tooth - Completely Bony	1 per code per tooth every Lifetime	Yes
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	1 per code per tooth every Lifetime	Yes
D7250	Removal Of Residual Tooth (Cutting Procedure)	1 per code per tooth every Lifetime	No
D7260	Oroantral Fistula Closure		No
D7261	Primary Closure Of Sinus Perforation		No
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth		No
D7272	Tooth Transplantation (Includes Reimplantation)		No
D7280	Exposure of an Unerupted Tooth	1 per code per tooth every Lifetime	No
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	1 per code per tooth every Lifetime	No
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)		No
D7286	Incisional Biopsy Of Oral Tissue - Soft		No
D7287	Exfoliative Cytological Sample Collection		No
D7290	Surgical Repositioning Of Teeth		No
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant		No
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant		No
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth		No
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth		No
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth		No
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth		No
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)		No
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)		No
D7410	Excision Of Benign Lesion Up To 1.25 Cm		No
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm		No
D7412	Excision Of Benign Lesion, Complicated		No
D7413	Excision Of Malignant Lesion Up To 1.25 Cm		No
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm		No
D7415	Excision Of Malignant Lesion, Complicated		No
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm		No
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm		No
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm		No

Code	Procedure	Frequency limit	Prior auth required
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm		No
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report		No
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)		No
D7472	Removal Of Torus Palatinus		No
D7473	Removal Of Torus Mandibularis		No
D7485	Reduction Of Osseous Tuberosity		No
D7490	Radical Resection Of Maxilla Or Mandible		No
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue		No
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated		No
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue		No
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated		No
D7530	Removal Of Foreign Body From Mucosa		No
D7540	Removal Of Reaction Producing Foreign Bodies		No
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone		No
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body		No
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)		No
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)		No
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)		No
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)		No
D7650	Malar And/Or Zygomatic Arch - Open Reduction		No
D7660	Malar And/Or Zygomatic Arch - Closed Reduction		No
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth		No
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth		No
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical		No
D7710	Maxilla - Open Reduction		No
D7720	Maxilla - Closed Reduction		No
D7730	Mandible - Open Reduction		No
D7740	Mandible - Closed Reduction		No
D7750	Malar And/Or Zygomatic Arch - Open Reduction		No
D7760	Malar And/Or Zygomatic Arch - Closed Reduction		No
D7770	Alveolus - Open Reduction Stabilization Of Teeth		No
D7771	Alveolus - Closed Reduction Stabilization Of Teeth		No
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches		No
D7810	Open Reduction Of Dislocation		No
D7820	Closed Reduction Of Dislocation		No
D7830	Manipulation Under Anesthesia		No
D7840	Condylectomy		No
D7850	Surgical Discetomy, With/Without Implant		No
D7852	Disc Repair		No
D7854	Synovectomy		No
D7856	Myotomy		No
D7858	Joint Reconstruction		No
D7860	Arthrotomy		No
D7865	Arthroplasty		No
D7870	Arthrocentesis		No

Code	Procedure	Frequency limit	Prior auth required
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy		No
D7873	Arthroscopy - Lavage And Lysis Of Adhesions		No
D7874	Arthroscopy - Disc Repositioning And Stabilization		No
D7875	Arthroscopy - Synovectomy		No
D7876	Arthroscopy - Discectomy		No
D7877	Arthroscopy - Debridement		No
D7880	Occlusal Orthotic Device, By Report		No
D7899	Unspecified Tmd Therapy, By Report		Yes
D7910	Suture Of Recent Small Wounds Up To 5 Cm		No
D7911	Complicated Suture - Up To 5 Cm		No
D7912	Complicated Suture - Greater Than 5 Cm		No
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)		No
D7940	Osteoplasty - For Orthognathic Deformities		No
D7941	Osteotomy - Mandibular Rami		No
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft		No
D7944	Osteotomy - Segmented Or Subapical		No
D7945	Osteotomy - Body Of Mandible		No
D7946	Lefort I - (Maxilla - Total)		No
D7947	Lefort I - (Maxilla - Segmented)		No
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft		No
D7949	Lefort Ii Or Lefort Iii - With Bone Graft		No
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla		No
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach		Yes
D7952	Sinus Augmentation Via A Vertical Approach		No
D7953	Bone Replacement Graft For Ridge Preservation - Per Site		Yes
D7961	buccal / labial frenectomy (frenulectomy)		No
D7962	lingual frenectomy (frenulectomy)		No
D7970	Excision Of Hyperplastic Tissue - Per Arch		No
D7971	Excision Of Pericoronal Gingiva		No
D7972	Surgical Reduction Of Fibrous Tuberosity		No
D7979	Non-Surgical Sialolithotomy		No
D7980	Surgical Sialolithotomy		No
D7981	Excision Of Salivary Gland, By Report		No
D7982	Sialodochoplasty		No
D7983	Closure Of Salivary Fistula		No
D7990	Emergency Tracheotomy		No
D7991	Coronoidectomy		No
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)		No
D7998	Intraoral Placement Of A Fixation Device		No
D7999	Unspecified Oral Surgery Procedure, By Report		No
D8010	Limited Orthodontic Treatment Of The Primary Dentition	1 per code every Lifetime	Yes
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes

Code	Procedure	Frequency limit	Prior auth required
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	1 per code every Lifetime	Yes
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	1 per code every Lifetime	Yes
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	1 per code every Lifetime	Yes
D8210	Removable Appliance Therapy	2 per code every Year	Yes
D8220	Fixed Appliance Therapy	1 per code every Lifetime	Yes
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	3 per code every Year	No
D8670	Periodic Orthodontic Treatment Visit	24 per code every Lifetime	Yes
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	1 per code every Lifetime	Yes
D8695	Removal Of Fixed Orthodontic Appliances	1 per code every Lifetime	Yes
D8703	Replacement Of Lost Or Broken Rertainer - Maxillary	1 per code every Lifetime	No
D8704	Replacement Of Lost Or Broken Rertainer - Mandibular	1 per code every Lifetime	No
D8999	Unspecified Orthodontic Procedure, By Report		Yes
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit		No
D9120	Fixed Partial Denture Sectioning	1 per code per tooth every Lifetime	No
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		No
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment		No
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		No
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		No
D9248	Non-Intravenous Conscious Sedation	1 per code every Day	Yes
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	1 per code every 6 Months	No
D9410	House/Extended Care Facility Call		No
D9420	Hospital Or Ambulatory Surgical Center Call		No
D9430	Office Visit For Observation (During Regularly Scheduled Hours)		No
D9440	Office Visit - After Regularly Scheduled Hours		No
D9610	Therapeutic Parenteral Drug, Single Administration		No
D9944	Occlusal Guard-hard appliance, full arch		Yes
D9945	Occlusal Guard-soft appliance, full arch		Yes
D9946	Occlusal Guard-hard appliance, partial arch		Yes
D9990	Translation Services	2 per code every Day	No
D9991	Dental Case Management - addressing appointment compliance barriers		No
D9995	Teledentistry - Synchronous; Real-Time Encounter	1 per code every Day	No
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	1 per code every Day	No
D9999	Unspecified Adjunctive Procedure, By Report		Yes
Q3014	Telehealth facility fee		No
T1015	FQHC Encounter Payment-ADA		

Clinical documentation

United Healthcare | Dental Benefit Providers

Note: This form should accompany your prior authorization request. It should be attached to the prior authorization through the web portal. Please be sure that the personal health information (PHI) contained on this form pertains to our member and our member's information is not shared with another party or insurance carrier.

Evaluation of the Dental Implant Patient Form

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Dental review

Dentist Name:_____ _____ NPI:_____

Member Name:_____ CIN:_____ Age:_____

Medical History:_____

_____

_____ _____.

Current Medications:_____

_____

_____.

Allergies to Medications: _____.

List any significant medical conditions that the member is currently being treated for: _____

_____.

Identify the physician(s) currently treating the member for any of the above-listed medical condition(s):

_____.

Detail the member's medical necessity for dental implants: _____

_____.

Detail why other covered functional alternatives for prosthetic replacement will not correct the member's dental condition:

_____

_____ _____.

The above patient is an acceptable candidate for dental implant surgery: _____Yes _____No

_____

Dentist signature:_____ **Date:**_____

Justification of Need for Replacement Prosthesis Form

NEW YORK STATE DEPARTMENT OF HEALTH - Bureau of Dental Review

Provider Name:_____   NPI:_____

Member Name:_____ CIN:_____ Age:_____

ADDRESS BOTH ARCHES - COMPLETE EACH APPROPRIATE SECTION

----

1. Reason for replacement of existing maxillary appliance: ___worn/broken teeth ___loose ___broken base/framework, ___extraction of additional teeth ___lost ___stolen ___other

2. Reason for replacement of existing mandibular appliance: ___worn/broken teeth ___loose___broken base/framework, ___extraction of additional teeth ___lost ___stolen ___other

_____

3. If lost, provide explanation of circumstances:

_____.

4. If stolen, provide copy of police report (if available) or a statement containing a detailed explanation of circumstances of the theft. Please indicate which document you are submitting with this form below:

_____ Police Report

_____Statement of circumstances

5. Required field for Partial Dentures:

Maxillary Arch: teeth being replaced:_____, teeth being clasped:_____.

Mandibular Arch: teeth being replaced:_____, teeth being clasped:_____.

6. Has the member requested replacement dentures previously? ___Yes ___No

6a. If yes, is this request being made within eight (8) years of the member's prior request for replacement dentures? ___Yes ___No

6b. If yes, provide an explanation of the preventative measures instituted by the member/caretaker to alleviate this member's need for further replacements:

_____

_____

7. Additional comments pertaining to treatment plan:_____ _____

_____

Provider signature:_____ Date:_____