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**Nebraska Medicaid | Allowed Frequency per Beneficiary of Covered CDT Codes by
Managed Care Organization (MCO), 2025**

(Published January 2025)

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CDT Code	Code Description	United Healthcare	Molina	Enroll	Requires Pre-authorization	Comments
D0120	periodic oral evaluation - established patient	1 per 180 days submit D9997 with narrative for SHCN for increased frequency not to exceed 1 per 90 days	1 per 180 days submit D9997 with narrative for SHCN for increased frequency not to exceed 1 per 90 days	1 per 180 days submit D9997 with narrative for SHCN for increased frequency		
D0140	limited oral evaluation - problem focused	2 per year	2 per year; 2 additional as VAB	2 per year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 365 days	2 per 365 days	2 per 365 days		
D0150	comprehensive oral evaluation - new or established patient	1 per 3 years	1 per 3 years	1 per 3 years		
D0160	detailed and extensive oral evaluation - problem focused, by report	1 per 3 years	1 per 3 years	1 per 3 years		
D0170	re-evaluation - limited, problem focused (established)	1 per year	1 per year	1 per year		
D0171	re-evaluation - post-operative office visit	1 per year	1 per year	1 per year		
D0180	Comprehensive Perio Eval	1 per 3 years	1 per 3 years	1 per 3 years		
D0190	Screening of a patient (public health settings)	2 per 365 days	2 per 365 days	2 per 365 days		
D0191	Assessment of a patient (public health settings)	2 per 365 days	2 per 365 days	2 per 365 days		
D0210	intraoral - complete series of radiographic images	1 per 3 years. Max reimbursement limited to the fee of a FMS (D0210)	1 per 3 years. Max reimbursement limited to the fee of a FMS (D0210)	1 per 3 years. Max reimbursement limited to the fee of a FMS (D0210)		
D0220	intraoral - periapical first radiographic image	1 per day. Max reimbursement limited to the fee of a FMS (D0210)	1 per day. Max reimbursement limited to the fee of a FMS (D0210)	1 per day. Max reimbursement limited to the fee of a FMS (D0210)		
D0230	intraoral - periapical each additional radiographic image	Max reimbursement limited to the fee of a FMS (D0210)	max reimbursement limited to the fee of a FMS (D0210)	max reimbursement limited to the fee of a FMS (D0210)		
D0240	intraoral - occlusal radiographic image	2 per 6 months. Max reimbursement limited to the fee of a FMS (D0210)	2 per 6 months. Max reimbursement limited to the fee of a FMS (D0210)	2 per 6 months. Max reimbursement limited to the fee of a FMS (D0210)		

CDT Code	Code Description	United Healthcare	Molina	Enrollve	Requires Pre-authorization	Comments
D0270	bitewing - single radiographic image	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record		
D0272	bitewings - two radiographic images	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record		
D0273	bitewings - three radiographic images	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record		
D0274	bitewings - four radiographic images	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record	Max reimbursement limited to the fee of a FMS (D0210). A maximum of four bitewing radiographs is covered every 365 days. An additional four bitewing radiographs may be covered for clients age 20 and younger and medical necessity must be documented in the client's dental record		
D0330	panoramic radiographic image	1 per 3 years. Max reimbursement limited to the fee of a FMS (D0210)	1 per 3 years; more frequent with rationale on claim submission. Max reimbursement limited to the fee of a FMS (D0210)	1 per 3 years; more frequent with prior authorization. (Max reimbursement limited to the fee of a FMS- D0210)		
D0340	2D cephalometric radiographic image – acquisition	covered if ortho approved	covered if ortho approved	covered if ortho approved		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	not covered	not covered	not covered		
D0470	diagnostic casts	covered if ortho approved	covered if ortho approved	covered if ortho approved		

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D1110	prophylaxis - adult	2 per 365 days submit D9997 with narrative for SHCN for increased frequency	2 per 365 days submit D9997 with narrative for SHCN not to exceed 1 per 90 days; pregnant women 3 per 365 days as a VAB	2 per 365 days submit D9997 with narrative for SHCN for increased frequency		
D1120	prophylaxis - child	2 per 365 days submit D9997 with narrative for SHCN for increased frequency	2 per 365 days submit D9997 with narrative for SHCN not to exceed 1 per 90 days; pregnant women 3 per 365 days as a VAB	2 per 365 days submit D9997 with narrative for SHCN for increased frequency		
D1206	topical application of fluoride varnish	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider not to exceed 4 per 365 days. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider not to exceed 4 per 365 days. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider not to exceed 4 per 365 days. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting		
D1208	topical application of fluoride – excluding varnish	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting	Covered two times every 365 days, either D1206 or D1208. For SHCN clients: covered at the frequency determined by the treating dental provider. The SHCN diagnosis and medical necessity for the frequency of topical fluoride must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting		
D1351	sealant - per tooth	1/730 days; limited to age 0-20	1/730 days; limited to age 0-20	1/730 days; limited to age 0-20		
D1354	application of caries arresting medicament – per tooth	3 per year per tooth of either D1354 or D1355; no permanent restoration within 3 months if placed by same payee	3 per year per tooth of either D1354 or D1355. A permanent restoration is not payable on the same tooth for 90 days following D1354 by the same provider, practice or group.	3 per year per tooth of either D1354 or D1355; no permanent restoration within 3 months if placed by same payee		
D1355	caries preventive medicament application – per tooth	3 per year per tooth of either D1354 or D1355; no permanent restoration within 3 months if placed by same payee	3 per year per tooth of either D1354 or D1355. A permanent restoration is not payable on the same tooth for 90 days following D1354 by the same provider, practice or group.	3 per year per tooth of either D1354 or D1355; no permanent restoration within 3 months if placed by same payee		
D1510	space maintainer - fixed, unilateral – per quadrant	1 per year per quadrant	1 per year per quadrant	1 per year per quadrant		
D1516	space maintainer - fixed - bilateral, maxillary	1 per year	1 per year	1 per year; not allowed within 1 year of D1510 or D1575 in the same arch		
D1517	space maintainer - fixed - bilateral, mandibular	1 per year	1 per year	1 per year; not allowed within 1 year of D1510 or D1575 in the same arch		

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D1551	re-cement or re-bond bilateral space maintainer - maxillary	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement		
D1552	re-cement or re-bond bilateral space maintainer - mandibular	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement		
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement	1 per year, not within 6 months of placement		
D1556	removal of fixed unilateral space maintainer - per quadrant	1 per year per quadrant	1 per year per quadrant	1 per year per quadrant		
D1557	removal of fixed bilateral space maintainer - maxillary	1 per year	1 per year	1 per year		
D1558	removal of fixed bilateral space maintainer - mandibular	1 per year	1 per year	1 per year		
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	1 per year per quadrant	1 per year per quadrant	1 per year per quadrant; only 1 D1510 or D1575 per year		
D2140	amalgam - one surface, primary or permanent	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2150	amalgam - two surfaces, primary or permanent	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2160	amalgam - three surfaces, primary or permanent	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2161	amalgam - four or more surfaces, primary or permanent	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2330	resin-based composite - one surface, anterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2331	resin-based composite - two surfaces, anterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2332	resin-based composite - three surfaces, anterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2390	resin-based composite crown, anterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2391	resin-based composite - one surface, posterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D2392	resin-based composite - two surfaces, posterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2393	resin-based composite - three surfaces, posterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2394	resin-based composite - four or more surfaces, posterior	1 per year per surface per tooth	1 per year per surface per tooth	1 per year per surface per tooth		
D2710	crown - resin-based composite (indirect)	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2720	crown - resin with high noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2721	crown - resin with predominantly base metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2722	crown - resin with noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2740	crown - porcelain/ceramic	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2750	crown - porcelain fused to high noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D2751	crown - porcelain fused to predominantly base metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2752	crown - porcelain fused to noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2790	crown - full cast high noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2791	crown - full cast predominantly base metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2792	crown - full cast noble metal	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years. Teeth covered: 2-15, 18-31, molars with RCT that cannot be adequately restored with SSC or other restoration. Anterior and bicuspid when other restoration is not possible.	1 per 5 years Teeth covered: 2-15, 18-31, molars with completed RCT that cannot be adequately restored with SSC or other restoration.	X	
D2910	Recement onlay,inlay, or veneer	Not covered	Not covered	Not covered		
D2915	Recement prefabricated post and core	1 per year; not payable within the first 6 months of placement	1 per year; not payable within 6 months of initial placement	1 per year; not payable within first 6 months of placement		
D2920	re-cement or re-bond crown	1 per 6 months not payable within the first 6 months of placement	1 per 6 months not payable within the first 6 months	1 per year not payable within the first 6 months		
D2929	prefabricated porcelain/ceramic crown – primary tooth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth		
D2930	prefabricated stainless steel crown - primary tooth	1 per 2 years per tooth	1 per 2 years per tooth	1 per 2 years per tooth		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 2 years per tooth	1 per 2 years per tooth	1 per 2 years per tooth		

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D2932	prefabricated resin crown	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth		
D2933	prefabricated stainless steel crown with resin window	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth	1 per 2 years per tooth anterior primary teeth		
D2940	Protective Restoration	1 per lifetime per tooth	1 per lifetime per tooth	1/lifetime per tooth		
D2950	core buildup, including any pins when required	1 per 5 years per tooth. Teeth 2-15; 18-31	1 per 5 years per tooth Teeth 2-15,18-31	1 per 60 months per tooth (Teeth 2-15, 18-31)		
D2951	Pin retention - per tooth	1 per year per tooth	1 per year per tooth	1 per year per tooth		
D2954	Prefabricated post and core	1 per 5 years per tooth. Teeth 2-15; 18-31.	1 per 5 years per tooth. Teeth 2-15, 18-31	1 every 60 months per tooth (Teeth 2-15, 18-31)		
D2980	Crown repair by restorative material failure	1 per tooth per lifetime. submit narrative	1 per tooth per lifetime; needs narrative	1 per tooth per lifetime; needs pre-op xray and narrative		
D2999	Unspecified Restorative Procedure, By report	description of treatment provided and medical necessity required	description of treatment provided and medical necessity required	description of treatment provided and medical necessity required		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	1 per lifetime per tooth teeth A-T	1 per lifetime per tooth teeth A-T	1 per lifetime per tooth teeth A-T		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime per tooth teeth C-H, M-R	1 per lifetime per tooth teeth C-H, M-R	1 per lifetime per tooth teeth C-H, M-R		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime per tooth teeth A, B, I, J, K,L, S, T	1 per lifetime per tooth teeth A, B I-L, S,T	1 per lifetime per tooth teeth A,B,I,J,K,L,S,T		
D3310	Endo therapy - anterior tooth	1 per lifetime per tooth; Teeth 6-11, 22-27	1 per lifetime per tooth; 6-11, 22-27	1 per lifetime per tooth; teeth 6-11,22-27		
D3320	Endo therapy - premolar tooth	1 per lifetime per tooth; Teeth 4,5,12,13,20,21,28,29	1 per lifetime per tooth; Teeth 4,5,12,13,20,21,28,29	1 per lifetime per tooth; teeth 4,5,12,13,20,21,28,29		
D3330	Endo therapy - molar tooth	1 per lifetime per tooth; Teeth 2,3,14,15,18,19,30,31	1 per lifetime per tooth; Teeth 2,3,14,15,18,19,30,31	1 per lifetime per tooth; teeth 2,3,14,15,18,19,30,31		
D3346	Retreatment of root canal - anterior	1 per lifetime per tooth; not payable within 1 year of D3310	1 per lifetime per tooth; not payable within 365 days of D3310; needs pre/post op xrays	1 per lifetime per tooth; not payable within 1 year of 3310		

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D3347	Retreatment of root canal - premolar	1 per lifetime per tooth; not payable within 1 year of D3320	1 per lifetime per tooth; not payable within 365 days of D3320; needs pre/post op xrays	1 per lifetime per tooth; not payable within 1 year of 3320		
D3348	Retreatment of root canal - molar	1 per lifetime per tooth; not payable within 1 year of D3330	1 per lifetime per tooth; not payable within 365 days of D3330; needs pre/post op xrays	1 per lifetime per tooth; not payable within 1 year of 3330		
D3351	Apexification - initial visit	1 per lifetime per tooth; 2-15,18-31; needs pre/post op xrays	1 per lifetime per tooth; teeth 2-15,18-31; needs pre/post op xrays	1 per lifetime per tooth; teeth 2-15,18-31		
D3410	Apicoectomy - anterior	1 per lifetime per tooth; teeth 6-11,22-27; needs pre/post op xrays	1 per lifetime per tooth; teeth 6-11,22-27; needs pre/post op xrays	1 per lifetime per tooth; teeth 6-11,22-27		
D3999	Emergency Treatment to relieve Endodontic pain	1 per lifetime per tooth; needs narrative	1 per lifetime per tooth; needs narrative	1 per lifetime per tooth; needs narrative		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 2 years per quadrant	1 per 2 years per quadrant	1 per 2 years per quadrant; need pre-op xrays, charting, narrative, and optional photos		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 2 years per quadrant	1 per 2 years per quadrant	1 per 2 years per quadrant; need pre-op xrays, charting, narrative, and optional photos		
D4323	Splint - extracoronal	Covered one time per day per arch for trauma. This would be ped and adult.	Covered one time per day per arch for trauma. Adult and primary dentition. Documentation and x-rays required.	1 per day per arch; need pre-op xray and narrative (pediatric and adult)		
D4341	Perio scaling and root planing (4 or more teeth)	1 per year per quad not payable within 21 days of D4355	1 per year per quad; not payable within 21 days of D4355	1 per year per quad; not payable within 21 days of D4355	X	
D4342	Perio scaling and root planing (1-3 teeth)	1 per year per quad not payable within 21 days of D4355	1 per year per quad; not payable within 21 days of D4355	1 per year per quad; not payable within 21 days of D4355	X	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per year no exam can be performed except D0140	1 per year no exam can be performed except D0140	1 per year no exam can be performed except D0140		
D4910	Perio maintenance	4 times per year; must have approved D4341 or D4342; not allowed within 90 days of D4341 or D4342; this procedure cannot be utilized with an adult prophylaxis within the 365 day period.	4 times per year; must have approved D4341 or D4342; not payable within 30 days of D1110, D1120, D4355; this procedure cannot be utilized with an adult prophylaxis within the 365 day period.	4 times per year; must have approved D4341 or D4342; not allowed within 90 days of D4341 or D4342; this procedure cannot be utilized with an adult prophylaxis within the 365 day period.	X	
D5110	Complete maxillary denture	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	X	Only one D5110, D5130, D5211, D5213, D5820 is covered every 1825 days.

CDT Code	Code Description	United Healthcare	Molina	Enrollve	Requires Pre-authorization	Comments
D5120	Complete mandibular denture	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	X	Only one D5120, D5140, D5212, D5214, D5821 is covered every 1825 days.
D5130	Immediate maxillary denture	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	X	
D5140	Immediate mandibular denture	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity;	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 per lifetime; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	X	
D5211	Maxillary partial denture- resin base	1 every 5 years need pre op xrays and necessity; adjustments and relines inclusive for 180 days	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; need pre-op xrays and necessity; adjustments and relines inclusive for 180days	X	Only one D5110, D5130, D5211, D5213, D5820 is covered every 1825 days.
D5212	Mandibular partial denture- resin base	1 every 5 years need pre op xrays and necessity; adjustments and relines inclusive for 180days	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; need pre-op xrays and necessity; adjustments and relines inclusive for 180days	X	Only one D5120, D5140, D5212, D5214, D5821 is covered every 1825 days.
D5213	Maxillary partial denture - cast metal framework	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; Adjustments and relines inclusive of placement for 180d; need pre-op xrays and narrative	X	Only one D5110, D5130, D5211, D5213, D5820 is covered every 1825 days.
D5214	Mandibular partial denture - cast metal framework	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years; adjustments and relines inclusive for 180days; need pre-op xrays and necessity	1 every 5 years. Adjustments and relines inclusive of placement for 180d; need pre-op xrays and narrative	X	Only one D5120, D5140, D5212, D5214, D5821 is covered every 1825 days.
D5410	Maxillary complete denture adjustment	1 per day not allowed within 180 days of placement	1 per day not allowed within 180 days of placement	1 per day; not allowed within 180 days of placement		
D5411	Mandibular complete denture adjustment	1 per day not allowed within 180 days of placement	1 per day not allowed within 180 days of placement	1 per day; not allowed within 180 days of placement		
D5421	Maxillary partial denture adjustment	1 per day not allowed within 180 days of placement	1 per day not allowed within 180 days of placement	1 per day; not allowed within 180 days of placement		
D5422	Mandibular partial denture adjustment	1 per day not allowed within 180 days of placement	1 per day not allowed within 180 days of placement	1 per day; not allowed within 180 days of placement		
D5511	Repair complete ma	2 per year	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5512	Repair complete maxillary denture	2 per year	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5520	Replace broken or missing teeth on denture	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D5611	Repair resin partial denture, mandibular	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5612	Repair resin partial denture, maxillary	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5621	Repair cast partial-mandibular	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5622	Repair cast partial-maxillary	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5630	Repair or replace broken clasp-partial per tooth	2 per year	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5640	Replace broken tooth- per tooth	2 per tooth per year	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5650	Add tooth to partial	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5660	Add clasp to partial	2 per year not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement	2 per year; not allowed within 180 days of placement		
D5710	Rebase complete maxillary denture	1 per year not allowed within 180 days of placement	1 per year; not covered within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5711	Rebase complete mandibular denture	1 per year not allowed within 180 days of placement	1 per year; not covered within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5720	Rebase maxillary partial denture	1 per year not allowed within 180 days of placement	1 per year; not covered within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5721	Rebase mandibular partial denture	1 per year not allowed within 180 days of placement	1 per year; not covered within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5730	Reline complete maxillary denture (direct)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5731	Reline complete mandibular denture (direct)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5740	Reline maxillary partial denture (direct)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5741	Reline mandibular partial denture (direct)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5750	Reline maxillary denture (indirect)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5751	Reline mandibular denture (indirect)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5760	Reline maxillary partial denture (indirect)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		

CDT Code	Code Description	United Healthcare	Molina	Enroll	Requires Pre-authorization	Comments
D5761	Reline mandibular partial denture (indirect)	1 per year not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement	1 per year; not allowed within 180 days of placement		
D5765	Soft liner for Complete or Partial Removable Denture - Indirect	1 per arch every year	1 per arch every 365 days	1 per arch every 365 days; not allowed within 180 of prosthesis placement		
D5810	Interim complete maxillary denture	1 every 5 years. Adjustments and relines inclusive of placement for 180 days. Submit x-rays and narrative	1 every 5 years; Adjustments and relines inclusive of placement for 180d; need x-rays and narrative	1 every 5 years; Adjustments and relines inclusive of placement for 180d; need x-rays and narrative	X	
D5811	Interim complete mandibular denture	1 every 5 years. Adjustments and relines inclusive of placement for 180 days. Submit x-rays and narrative.	1 every 5 years; Adjustments and relines inclusive of placement for 180d; need x-rays and narrative	1 every 5 years; Adjustments and relines inclusive of placement for 180d; need x-rays and narrative	X	
D5820	interim partial denture (including retentive/clasp materials, rests, and teeth), maxillary	1 per 5 years. Adjustments and relines inclusive of placement for 180 days. Considered a permanent prosthesis when replacing 1 to 3 anterior teeth; submit xrays and narrative.	1 every 5 years; Adjustments and relines inclusive of placement for 180d; Considered a permanent prosthesis when replacing 1 to 3 anterior teeth; needs xrays and narrative	1 every 5 years; Adjustments and relines inclusive of placement for 180d; Considered a permanent prosthesis when replacing 1 to 3 anterior teeth	X	
D5821	interim partial denture (including retentive/clasp materials, rests, and teeth), mandibular	1 per 5 years. Adjustments and relines inclusive of placement for 180 days. Considered a permanent prosthesis when replacing 1 to 3 anterior teeth; submit x-rays and narrative.	1 every 5 years; Adjustments and relines inclusive of placement for 180d; Considered a permanent prosthesis when replacing 1 to 3 anterior teeth; needs xrays and narrative	1 every 5 years; Adjustments and relines inclusive of placement for 180d; Considered a permanent prosthesis when replacing 1 to 3 anterior teeth	X	
D5850	Tissue conditioning maxillary	2 per year	1 during the first 180 days following placement of the initial prosthesis and 2 times after the first 180 days every 365 days. Medical necessity must be documented in the client's dental record	1 during the first 180 days following placement of the initial prosthesis and 2 times after the first 180 days every 365 days. Medical necessity must be documented in the client's dental record		
D5851	Tissue conditioning mandibular	2 per year	1 during the first 180 days following placement of the initial prosthesis and 2 times after the first 180 days every 365 days. Medical necessity must be documented in the client's dental record	1 during the first 180 days following placement of the initial prosthesis and 2 times after the first 180 days every 365 days. Medical necessity must be documented in the client's dental record		
D5899	Unspecified Removable Prosthodontic Procedure, By Report	To be utilized for interrupted denture treatment. Requires narrative including chart notes and stage of denture process at interruption .	To be utilized for Interrupted Denture Treatment; requires all chart notes/narrative and stage of denture process at interruption.	To be utilized for interrupted denture treatment. Requires narrative including chart notes and stage of denture process at interruption .		
D6930	Recement fixed partial denture	not covered	not covered	not covered		
D7111	extraction, coronal remnants – primary tooth	1 per lifetime	1 per lifetime	1 per lifetime		

CDT Code	Code Description	United Healthcare	Molina	Enroll	Requires Pre-authorization	Comments
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime	1 per lifetime	1 per lifetime		
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7220	removal of impacted tooth - soft tissue	1 per lifetime pre-op x-ray and narrative required.	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7230	removal of impacted tooth - partially bony	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7240	removal of impacted tooth - completely bony	1 per lifetime pre-op x-ray and narrative required.	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	1 per lifetime pre-op x-ray and narrative required.	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7250	Removal of residual roots	1 per lifetime pre op x -ray required	1 per lifetime pre-op x-ray and narrative required	1 per lifetime pre-op x-ray and narrative required		
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	x-rays and documentation required	x-rays and documentation required	x-rays and documentation required		
D7280	exposure of an unerupted tooth	1 per lifetime per tooth; requires xrays and documentation	1 per lifetime per tooth; requires xrays and documentation; only payable with approved orthodontic treatment; attachment is inclusive	1 per lifetime per tooth; pre-op xray and narrative		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime per tooth; requires xrays and documentation.	1 per lifetime per tooth; requires xrays and documentation	1 per lifetime per tooth; pre-op xray and narrative		
D7283	placement of device to facilitate eruption of impacted tooth	not covered	not covered	not covered		This code is considered inclusive to D7280
D7285	Incisional biopsy of hard tissue	1 per day	1 per day; requires xrays and documentation	1 per day		
D7286	Incisional biopsy of soft tissue	1 per day	1 per day; requires xrays and documentation	1 per day		

CDT Code	Code Description	United Healthcare	Molina	Enroll	Requires Pre-authorization	Comments
D7310	Alveoplasty with extractions - 4 or more teeth	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis. Removal of tori is considered inclusive to this procedure. One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime.	One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime. Removal of tori is considered inclusive to this procedure. Only allowed to prepare the quadrant for a prosthetic appliance; need pre-op xrays, narrative; documentation of planned prosthesis	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis		
D7311	Alveoplasty with extractions - 1-3 teeth	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis. Removal of tori is considered inclusive to this procedure. One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime.	One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime. Removal of tori is considered inclusive to this procedure. Only allowed to prepare the quadrant for a prosthetic appliance; need pre-op xrays, narrative; documentation of planned prosthesis	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis		
D7320	Alveoplasty not in conjunction with extraction - 4 or more teeth	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis. Removal of tori is considered inclusive to this procedure. One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime.	One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime. Removal of tori is considered inclusive to this procedure. Only allowed to prepare the quadrant for a prosthetic appliance; need pre-op xrays, narrative; documentation of planned prosthesis	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis		
D7321	Alveoplasty not in conjunction with extraction - 1-3 teeth	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis. Removal of tori is considered inclusive to this procedure. One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime.	One D7310, D7311, D7320, D7321 per quadrant is covered per lifetime. Removal of tori is considered inclusive to this procedure. Only allowed to prepare the quadrant for a prosthetic appliance; need pre-op xrays, narrative; documentation of planned prosthesis	1 quad per lifetime; need pre-op xrays, narrative; documentation of planned prosthesis		
D7410	excision of benign lesion up to 1.25 cm	1 per day	1 per day; requires color photos	1 per day		
D7411	excision of benign lesion greater than 1.25 cm	1 per day	1 per day; requires color photos, rationale	1 per day		
D7412	Excision of benign lesion, complicated	1 per day	1 per day; requires color photos	1 per day		
D7413	Excision of malignant lesion up to 1.25 cm	1 per day	1 per day; requires color photos, rationale	1 per day		
D7414	Excision of malignant lesion greater than 1.25 cm	1 per day	1 per day; requires color photos, rationale	1 per day		
D7415	Excision of malignant lesion, complicated	1 per day	1 per day; requires path report	1 per day		
D7440	Excision of malignant tumor up to 1.25 cm	1 per day	1 per day; requires path report	1 per day		

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D7441	Excision of malignant tumor greater than 1.25 cm	1 per day	1 per day; requires path report	1 per day		
D7450	Removal of benign odontogenic cyst up to 1.25 cm	1 per day	1 per day; requires path report	1 per day		
D7451	Removal of benign odontogenic cyst greater than 1.25 cm	1 per day	1 per day; requires path report	1 per day		
D7460	Removal of benign nonodontogenic cyst up to 1.25 cm	1 per day	1 per day; requires path report	1 per day		
D7461	Removal of benign nonodontogenic cyst greater than 1.25 cm	1 per day	1 per day; requires path report	1 per day		
D7465	Destruction of lesion by physical or chemical method	1 per day	1 per day; requires path report	1 per day		
D7471	Removal of lateral exostosis (maxilla or mandible)	2 per arch per lifetime; requires rationale and pre op xrays.	2 per arch per lifetime; requires narrative and pre-op x-rays	Twice per arch per lifetime; need pre-op xrays and narrative		
D7510	Incision and drainage of abscess - soft tissue	1 per day	1 per day	1 per day; needs narrative		
D7880	Occlusal, Orthotic device, by report	1 per 3 years requires narrative of medical necessity and type of appliance	1 per 3 years; Requires medical necessity, type of appliance and oral cavity designator	1 per 3 years		
D7961	buccal / labial frenectomy (frenulectomy)	2 per lifetime per arch	2 per lifetime per arch	2 per lifetime per arch		
D7962	lingual frenectomy (frenulectomy)	1 per lifetime	1 per lifetime	1 per lifetime		
D8020	limited orthodontic treatment of the transitional dentition	1 per lifetime; requires HDL form, treatment plan, pano, photos.	1 per lifetime; requires HLD form, Treatment plan, Panoramic xray, photos	1 per lifetime; requires HDL, Tx PI, pano, photos, ceph, case tool	X	
D8080	comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime; requires HDL form, treatment plan, pano, ceph, photos	1 per lifetime; requires HLD form, Treatment plan, Panoramic and Cephalometric x-rays, photos	1 per lifetime; requires HDL, Tx PI, pano, ceph, photos, case tool	X	
D8090	comprehensive orthodontic treatment of the adult dentition	not covered	not covered	not covered		
D8210	removable appliance therapy	1 per lifetime requires photo and narrative	1 per lifetime requires photo and narrative	1 per lifetime requires photo and narrative	X	
D8220	fixed appliance therapy	1 per lifetime requires photo and narrative	1 per lifetime requires photo and narrative	1 per lifetime requires photo and narrative	X	

CDT Code	Code Description	United Healthcare	Molina	Enrollve	Requires Pre-authorization	Comments
D8696	repair of orthodontic appliance – maxillary	5 per lifetime	5 per lifetime; requires narrative of repair	5 per lifetime		
D8697	repair of orthodontic appliance – mandibular	5 per lifetime	5 per lifetime; requires narrative of repair	5 per lifetime		
D8698	Recement of maxillary fixed retainer	5 per lifetime	5 per lifetime	5 per lifetime		
D8699	Recement of mandibular fixed retainer	5 per lifetime	5 per lifetime	5 per lifetime		
D8703	replacement of lost or broken retainer – maxillary	1 per lifetime	1 per lifetime	1 per lifetime		
D8704	replacement of lost or broken retainer – mandibular	1 per lifetime requires rationale	1 per lifetime	1 per lifetime requires narrative		
D8999	Unspecified ortho by report	Used for transfer cases; additional surgical fees when surgery has been completed. Additional requests for appliances for noncompliant patients; and other unspecified orthodontic procedures by report. Requires narrative of medical necessity.	Used for transfer cases; additional surgical fees when surgery has been completed. Additional requests for appliances for noncompliant patients; and other unspecified orthodontic procedures by report. Requires narrative of medical necessity.	Used for transfer cases; additional surgical fees when surgery has been completed; additional requests for appliances for noncompliant patients; and other unspecified orthodontic procedures, by report	X	
D9110	palliative (emergency) treatment of dental pain - minor procedure	1 per day requires rationale	1 per day requires rationale and area	1 per day per location requires narrative		
D9219	Evaluation for moderate sedation, deep sedation, or general anesthesia	1 per day	1 per day	1 per day		
D9222	Administration of Deep Sedations/ General Anesthesia First 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9223	Administration of Deep Sedations/ General Anesthesia Each subsequent 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9224	Administration of General Anesthesia with Advanced Airway- First 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		

CDT Code	Code Description	United Healthcare	Molina	Envolve	Requires Pre-authorization	Comments
D9225	Administration of General Anesthesia with Advanced Airway- Each subsequent 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 per day	1 type of anesthesia per day	1 per day; must be billed with dental treatment		
D9239	Administration of Moderate Sedation- First 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; must have appropriate permit; requires narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose; 1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9243	Administration of Moderate Sedation- Each subsequent 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9244	In-office Administration of Minimal Sedation- Single Drug- Enteral	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; must have appropriate permit; requires narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose; 1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9245	Administration of Moderate Sedation- Enteral	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; must have appropriate permit; requires narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose; 1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9246	Administration of Moderate Sedation- Non-intravenous Parenteral- First 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 per day; must have appropriate permit; requires narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose; 1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9247	Administration of Moderate Sedation- Non-intravenous Parenteral- Each subsequent 15 minute Increment, or any portion thereof	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required	1 type of anesthesia per day	1 per day; narrative, monitored vital signs, anesthesia time log, including start and stop times, medication administered, and dose required		
D9248	Non-intravenous conscious sedation	code discontinued	code discontinued	code discontinued		

CDT Code	Code Description	United Healthcare	Molina	Enroll	Requires Pre-authorization	Comments
D9310	Consultation – diagnostic service provided by dentist or physician other	1 per year	1 per year	1 per year		
D9410	House/extended care facility call	1 per day per facility, regardless of number of members seen	1 per day per facility; requires rationale	1 per day per facility		
D9420	Hospital or ambulatory surgical center code	1 per day per facility, regardless of number of members seen	1 per day per facility; requires rationale	1 per day per facility		
D9430	Office visit for observation (during regular scheduled hours)	not covered	not covered	maximum 4; To be used for practice dental visit for members with special needs; no other services allowed		
D9440	Office visit after regularly scheduled hours	1 per day	1 per day; medical necessity and time of patient arrival required	1 per day		
D9944	occlusal guard – hard appliance, full arch	1 per 3 years requires rationale	1 per 3 years; requires rationale, x-rays or photographs supporting bruxism	1 per 3 years requires rationale, x-rays or photographs supporting bruxism		
D9945	occlusal guard – soft appliance, full arch	1 per 3 years requires rationale	1 per 3 years; requires rationale, x-rays or photographs supporting bruxism	1 per 3 years requires rationale, x-rays or photographs supporting bruxism		
D9946	occlusal guard – hard appliance, partial arch	1 per 3 years requires rationale	1 per 3 years; requires rationale, x-rays or photographs supporting bruxism	1 per 3 years requires rationale, x-rays or photographs supporting bruxism		
D9997	Dental case management - patient with special health care needs	1 per day; code is required on claims to exceed stated limitation on D0120, D1120, D1110, D1206, or D1208 for members identified as having special healthcare needs or high caries risk. Must include narrative of member's SHCN's as it relates to their dental care.	1 per day; code is required on claims to exceed stated limitation on D0120, D1120, D1110, D1206, or D1208 for members identified as having special healthcare needs or high caries risk. Must include narrative of member's SHCN's as it relates to their dental care.	1 per day; code is required on claims to exceed stated limitation on D0120, D1120, D1110, D1206, or D1208 for members identified as having special healthcare needs or high caries risk. Must include narrative of member's SHCN's as it relates to their dental care.		