

# UnitedHealthcare Community Plan of Indiana Medicaid Dental Quick Reference Guide

Plan effective date: January 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 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.

## Credentialing status

Providers may view credentialing or recredentialing status online through the [UHCdental.com](https://UHCdental.com) provider portal. In addition to seeing current credentialing status, a provider can submit credentialing information, message the credentialing and network development teams, and be notified when recredentialing is due.



## Provider services

Phone: **1-844-402-9118**

8 a.m. – 8 p.m. ET Monday–Friday (IVR: 24/7)

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



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 1313  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Community Plan  
Attn: Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

Toll-free: **1-800-832-4643 (TTY 711)**



## Claims

### UnitedHealthcare Dental Claims

P.O. Box 781  
Milwaukee, WI 53201

### EDI Payer ID

GP133

## Claim disputes or adjustments

UnitedHealthcare Dental  
Claim Appeals  
P.O. Box 1391  
Milwaukee, WI 53201

## Corrected claims

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

Claims may be submitted electronically via your clearinghouse, the Dental Hub, or by mail.




## 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. Other information may be found in the Indiana Health Coverage Program (IHCP) Dental Services Manual and Dental Provider Fee Schedule.



**Dental Benefit  
Providers®**

## Sample member ID card

 <p>Health Plan (8084D) 911-87726-04 Member ID: A99999991 Member: NEW M ENGLISH</p>	 <p>Group Number: INXXX Payer ID: 87726</p>	<p>OPTUMRx Rx Bin: 610494 Rx Grp: ACUIN Rx PCN: 4841 Copay May Apply: \$3</p>	<p>Emergency Room Copay May Apply. <span style="float: right;">Printed: 12/05/2019</span></p>  <p>In an emergency go to the nearest emergency room or call 911. To verify benefits or to find a provider, visit the website <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> or call.</p>
			<p>For Members: 800-832-4643 TTY 711</p> <p>For Providers: <a href="http://UHCprovider.com/incommunityplan">UHCprovider.com/incommunityplan</a> 877-610-9785 Medical Claims: PO Box 5240, Kingston, NY, 12402-5240</p>
<p>Copays may apply: Transportation: \$1 one-way Non-emergency ER: \$3 0501</p> <p>Hoosier Care Connect Administered by UnitedHealthcare of Indiana, Inc.</p>			<p>Pharmacy Claims: OptumRx, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 866-215-5046</p>

## 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 IHCP covered services may be referenced by accessing the following link: [http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Dental\\_Services\\_Codes.pdf](http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Dental_Services_Codes.pdf).

**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.

## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D0120	PERIODIC ORAL EVALUATION	0-999		1 PER 6 MONTH	NO
D0140	LIMIT ORAL EVAL PROBLM FOCUS	0-999		1 PER 6 MONTH	NO
D0145	ORAL EVALUATION, PT < 3YRS	0-2		1 PER 1 YEAR	NO
D0150	COMPREHENSVE ORAL EVALUATION	0-999		2 PER 1 YEAR   CODESET LIMITS: D0150; D0160: 2 PER 1 YEAR	NO
D0160	EXTENSV ORAL EVAL PROB FOCUS	0-999		2 PER 1 YEAR   CODESET LIMITS: D0150; D0160: 2 PER 1 YEAR	NO
D0170	RE-EVAL, EST PT, PROBLEM FOCUS	0-999			NO
D0210	INTRAOR COMPLETE FILM SERIES	0-999		1 PER 3 YEAR   CODESET LIMITS: D0210; D0330: 1 PER 3 YEAR	NO
D0220	INTRAORAL PERIAPICAL FIRST	0-999		1 PER 12 MONTH	NO
D0230	INTRAORAL PERIAPICAL EA ADD	0-999		7 PER 12 MONTH	NO
D0240	INTRAORAL OCCLUSAL FILM	0-999		2 PER 1 DAY	NO
D0250	EXTRAORAL 2D PROJECT IMAGE	0-999			NO
D0251	EXTRAORAL POSTERIOR IMAGE	0-999			NO
D0270	DENTAL BITEWING SINGLE IMAGE	0-999		4 PER 12 MONTH   CODESET LIMITS: Bitewings (D0270, D0272, D0273, D0274): 4 PER 12 MONTHS	NO
D0272	DENTAL BITEWINGS TWO IMAGES	0-999		2 PER 12 MONTH   CODESET LIMITS: Bitewings (D0270, D0272, D0273, D0274): 4 PER 12 MONTHS	NO
D0273	BITEWINGS - THREE IMAGES	0-999		1 PER 12 MONTH   CODESET LIMITS: Bitewings (D0270, D0272, D0273, D0274): 4 PER 12 MONTHS	NO
D0274	BITEWINGS FOUR IMAGES	0-999		1 PER 12 MONTH   CODESET LIMITS: Bitewings (D0270, D0272, D0273, D0274): 4 PER 12 MONTHS	NO
D0277	VERT BITEWINGS 7 TO 8 IMAGES	0-999		1 PER 12 MONTH	NO
D0310	DENTAL SALIOGRAPHY	0-999			NO
D0330	PANORAMIC IMAGE	0-999		1 PER 3 Years   CODESET LIMITS: D0210; D0330: 1 PER 3 YEAR	NO
D0340	2D CEPHALOMETRIC IMAGE	0-999			NO



## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D0411	HBA1C IN OFFICE TESTING	0-999			NO
D0486	ACCESS OF TRANSEP CYTOL SAMP	0-999			NO
D0606	MOLECULAR TEST PUB HLTH PATH	0-999			NO
D1110	DENTAL PROPHYLAXIS ADULT	0-999		1 PER 6 MONTHS	NO
D1120	DENTAL PROPHYLAXIS CHILD	1-11		1 PER 6 MONTHS	NO
D1120	DENTAL PROPHYLAXIS CHILD	0-12 Months			YES
D1206	TOPICAL FLUORIDE VARNISH	1-20		1 PER 6 MONTH	NO
D1208	TOPICAL APP FLUORID EX VRNSH	0-20		1 PER 6 MONTH	NO
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0-999		2 PER LIFETIME   CODESET LIMITS: 2 PER LIFETIME	
D1351	DENTAL SEALANT PER TOOTH	0-20	Premolars; Molars	1 PER 1 LIFETIME	NO
D1352	PREV RESIN REST, PERM TOOTH	0-20			YES
D1354	INT CARIES MED APP PER TOOTH	0-20		1 PER 6 MONTHS	NO
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT—PER TOOTH	21-999		1 PER 6 MONTHS	YES
D1355	PREVENTIVE MEDICAMENT APPLICATION	1-20		1 PER 6 MONTHS	
D1510	SPACE MAINTAINER FXD UNILAT	1-20			NO
D1516	FIXED BILAT SPACE MAINT, MAX	1-3			YES
D1516	FIXED BILAT SPACE MAINT, MAX	4-20			NO
D1517	FIXED BILAT SPACE MAINT, MAN	1-3			YES
D1517	FIXED BILAT SPACE MAINT, MAN	4-20			NO
D1520	REMOVE UNILAT SPACE MAINTAIN	4-20			NO
D1526	REMOVE BILAT SPACE MAIN, MAX	1-3			YES
D1526	REMOVE BILAT SPACE MAIN, MAX	4-20			NO
D1527	REMOVE BILAT SPACE MAIN, MAN	1-3			YES
D1527	REMOVE BILAT SPACE MAIN, MAN	4-20			NO
D1551	RECEMENT SPACE MAINT - MAX	1-20			NO
D1552	RECEMENT SPACE MAINT - MAN	1-20			NO
D1553	RECEMENT UNILAT SPACE MAINT	1-20			NO
D1556	REM FIXED UNILAT SPACE MAINT	0-999			NO
D1557	REMOVE FIXED BILAT MAINT MAX	0-999			NO
D1558	REMOVE FIXED BILAT MAN	0-999			NO
D1575	DIST SPACE MAINT, FIXED UNIL	0-20			NO
D1701	Pfizer- BioNTech COVID -19 vaccine administration – first dose	0-999		1 PER 1 LIFETIME	NO
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	0-999		1 PER 1 LIFETIME	NO
D1703	Moderna COVID-19 vaccine administration – first dose	0-999		1 PER 1 LIFETIME	NO
D1704	Moderna COVID-19 vaccine administration – second dose	0-999		1 PER 1 LIFETIME	NO
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 V	0-999		1 PER 1 LIFETIME	NO
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19	0-999		1 PER 1 LIFETIME	NO
D1710	Moderna Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 VAC mRNA	0-999		1 PER 1 LIFETIME	NO



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CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D1711	Moderna Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC mRN	0-999		1 PER 1 LIFETIME	NO
D1712	janssen Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19 VAC Ad2	0-999		1 PER 1 LIFETIME	NO
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	0-999		1 PER 1 LIFETIME	NO
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	0-999		1 PER 1 LIFETIME	NO
D1781	vaccine administration – human papillomavirus – Dose 1 Gardasil 9 0.5mL intramus	0-999		1 PER 1 LIFETIME	NO
D1782	vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramus	0-999		1 PER 1 LIFETIME	NO
D1783	vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramus	0-999		1 PER 1 LIFETIME	NO
D1999	UNSPECIFIED PREVENTIVE PROC	0-999			YES
D2140	AMALGAM ONE SURFACE PERMANEN	0-999			NO
D2150	AMALGAM TWO SURFACES PERMANE	0-999			NO
D2160	AMALGAM THREE SURFACES PERMA	0-999			NO
D2161	AMALGAM 4 OR > SURFACES PERM	0-999			NO
D2330	RESIN ONE SURFACE-ANTERIOR	0-999			NO
D2331	RESIN TWO SURFACES-ANTERIOR	0-999			NO
D2332	RESIN THREE SURFACES-ANTERIO	0-999			NO
D2335	RESIN 4/> SURF OR W INCIS AN	0-999			NO
D2390	ANT RESIN-BASED CMPST CROWN	0-999			NO
D2391	POST 1 SRFC RESINBASED CMPST	0-999			NO
D2392	POST 2 SRFC RESINBASED CMPST	0-999			NO
D2393	POST 3 SRFC RESINBASED CMPST	0-999			NO
D2394	POST >=4SRFC RESINBASED CMPST	0-999			NO
D2910	RECEMENT INLAY ONLAY OR PART	0-999			NO
D2920	RE-CEMENT OR RE-BOND CROWN	0-999			NO
D2921	REATTACH TOOTH FRAGMENT	0-999			NO
D2930	PREFAB STNLSS STEEL CRWN PRI	0-999			NO
D2931	PREFAB STNLSS STEEL CROWN PE	0-999			NO
D2932	PREFABRICATED RESIN CROWN	0-20			NO
D2933	PREFAB STAINLESS STEEL CROWN	0-20			NO
D2934	PREFAB STEEL CROWN PRIMARY	0-999			NO
D2940	PROTECTIVE RESTORATION	0-999			NO
D2941	INT THERAPEUTIC RESTORATION	0-999			NO
D2949	RESTORATIVE FOUNDATION	0-999			NO
D2980	CROWN REPAIR	0-999			NO
D2990	RESIN INFILTRATION OF LESION	0-999			NO
D3220	THERAPEUTIC PULPOTOMY	0-999			NO
D3222	PART PULP FOR APEXOGENESIS	0-999			NO
D3230	PULPAL THERAPY ANTERIOR PRIM	0-999			NO



## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D3240	PULPAL THERAPY POSTERIOR PRI	0-999			NO
D3310	END THXPY, ANTERIOR TOOTH	1-20			NO
D3320	END THXPY, PREMOLAR TOOTH	1-20			NO
D3330	END THXPY, MOLAR TOOTH	1-20			NO
D3346	RETREAT ROOT CANAL ANTERIOR	1-20			NO
D3347	RETREAT ROOT CANAL PREMOLAR	1-20			NO
D3348	RETREAT ROOT CANAL MOLAR	1-20			NO
D3351	APEXIFICATION/RECALC INITIAL	1-20			NO
D3352	APEXIFICATION/RECALC INTERIM	1-20			NO
D3353	APEXIFICATION/RECALC FINAL	1-20			NO
D3410	APICOECTOMY - ANTERIOR	1-20			NO
D3421	ROOT SURGERY PREMOLAR	1-20			NO
D3425	ROOT SURGERY MOLAR	1-20			NO
D3426	ROOT SURGERY EA ADD ROOT	1-20			NO
D3430	RETROGRADE FILLING	1-20			NO
D3501	SURG EXP ROOT SURF ANTERIOR	0-999			NO
D3502	SURG EXP ROOT SURF PREMOLAR	0-999			NO
D3503	SURG EXP ROOT SURF MOLAR	0-999			NO
D3911	INTRAORIFICE BARRIER	0-999			NO
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	0-999			NO
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	0-999			NO
D4211	GINGIVECTOMY/PLASTY 1 TO 3	0-999			NO
D4212	GINGIVECTOMY/PLASTY REST	0-999			NO
D4240	GINGIVAL FLAP PROC W/ PLANIN	0-999			NO
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH	0-999			NO
D4260	OSSEOUS SURGERY 4 OR MORE	0-999			YES
D4261	OSSEOUS SURGERY (INCLUDING FLAP AND CLOSURE) - ONE TO THREE TEETH	0-999			YES
D4322	SPLINT INTRA-CORONAL	0-999			NO
D4323	SPLINT EXTRA-CORONAL	0-999			NO
D4341	PERIODONTAL SCALING & ROOT	3-20	UL, UR, LL, LR	4 PER 2 YEARS   CODESET LIMITS: D4341; D4342: 4 PER 2 YEARS	YES
D4341	PERIODONTAL SCALING & ROOT	21-999	UL, UR, LL, LR	4 PER 1 LIFETIME   CODESET LIMITS: D4341; D4342: 4 PER 1 LIFETIME	YES
D4342	PERIODONTAL SCALING 1-3TEETH	3-20	UL, UR, LL, LR	4 PER 2 YEARS   CODESET LIMITS: D4341; D4342: 4 PER 2 YEARS	YES
D4342	PERIODONTAL SCALING 1-3TEETH	21-999	UL, UR, LL, LR	4 PER 1 LIFETIME   CODESET LIMITS: D4341; D4342: 4 PER 1 LIFETIME	YES
D4346	SCALING GINGIV INFLAMMATION	0-999		1 PER 24 MONTHS	NO
D4355	FULL MOUTH DEBRIDEMENT	0-999		1 PER 24 MONTHS   CODESET LIMITS: D4355 Daily Limit: 1 PER 1 DAY	NO
D4910	PERIODONTAL MAINT PROCEDURES	3-999		1 PER 6 MONTHS	NO
D5110	DENTURES COMPLETE MAXILLARY	0-999		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	YES
D5120	DENTURES COMPLETE MANDIBLE	0-20		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	NO
D5120	DENTURES COMPLETE MANDIBLE	21-999		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	YES



## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D5130	DENTURES IMMEDIAT MAXILLARY	21-999		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	NO
D5140	DENTURES IMMEDIAT MANDIBLE	21-999		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	NO
D5211	DENTURES MAXILL PART RESIN	0-20		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	NO
D5211	DENTURES MAXILL PART RESIN	21-999		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	YES
D5212	DENTURES MAND PART RESIN	0-20		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	NO
D5212	DENTURES MAND PART RESIN	21-999		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	YES
D5213	DENTURES MAXILL PART METAL	0-20		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	NO
D5213	DENTURES MAXILL PART METAL	21-999		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	YES
D5214	DENTURES MANDIBL PART METAL	0-20		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	NO
D5214	DENTURES MANDIBL PART METAL	21-999		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	YES
D5225	MAXILLARY PART DENTURE FLEX	0-999		1 PER 6 YEAR   CODESET LIMITS: Maxillary Dentures- D5110, D5130, D5211, D5213, D5225 : 1 PER 6 YEAR	YES
D5226	MANDIBULAR PART DENTURE FLEX	0-999		1 PER 6 YEAR   CODESET LIMITS: Mandible Dentures - D5120, D5140, D5212, D5214, D5226: 1 PER 6 YEAR	YES
D5227	IMMED MAX PART DENTURE	0-999		1 EVERY 6 YEARS	YES
D5228	IMMED MAND PART DENTURE	0-999		1 EVERY 6 YEARS	YES
D5282	REMOVE UNIL PART DENTURE,MAX	0-20			NO
D5282	REMOVE UNIL PART DENTURE,MAX	21-999			YES
D5283	REMOVE UNIL PART DENTURE,MAN	0-20			NO
D5283	REMOVE UNIL PART DENTURE,MAN	21-999			YES
D5284	REM UNILAT DENT FLEX BASE	1-999			YES
D5286	REM UNILAT DENT 1 PC RESIN	1-999			YES
D5511	REP BROKE COMP DENT BASE MAN	21-999			YES
D5512	REP BROKE COMP DENT BASE MAX	21-999			YES
D5511	REP BROKE COMP DENT BASE MAN	0-20			NO
D5512	REP BROKE COMP DENT BASE MAX	0-20			NO
D5520	REPLACE DENTURE TEETH COMPLT	0-999			NO
D5611	REP RESIN PART DENT BASE MAN	0-20			NO
D5612	REP RESIN PART DENT BASE MAX	0-20			NO
D5611	REP RESIN PART DENT BASE MAN	21-999			YES
D5612	REP RESIN PART DENT BASE MAX	21-999			YES
D5621	REP CAST PART FRAME MAN	0-20			NO
D5622	REP CAST PART FRAME MAX	0-20			NO
D5630	REP PARTIAL DENTURE CLASP	0-20			NO
D5640	REPLACE PART DENTURE TEETH	0-20			NO
D5650	ADD TOOTH TO PARTIAL DENTURE	0-20			NO
D5660	ADD CLASP TO PARTIAL DENTURE	0-20			NO
D5621	REP CAST PART FRAME MAN	21-999			YES
D5622	REP CAST PART FRAME MAX	21-999			YES
D5630	REP PARTIAL DENTURE CLASP	21-999			YES
D5640	REPLACE PART DENTURE TEETH	21-999			YES
D5650	ADD TOOTH TO PARTIAL DENTURE	21-999			YES



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CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D5660	ADD CLASP TO PARTIAL DENTURE	21-999			YES
D5730	DENTURE RELN CMLPT MAXIL CH	1-999			NO
D5731	DENTURE RELN CMLPT MAND CHR	1-999			NO
D5740	DENTURE RELN PART MAXIL CHR	1-999			NO
D5741	DENTURE RELN PART MAND CHR	1-999			NO
D5750	DENTURE RELN CMLPT MAX LAB	0-20			NO
D5750	DENTURE RELN CMLPT MAX LAB	21-999			YES
D5751	DENTURE RELN CMLPT MAND LAB	0-20			NO
D5751	DENTURE RELN CMLPT MAND LAB	21-999			YES
D5760	DENTURE RELN PART MAXIL LAB	0-20			NO
D5760	DENTURE RELN PART MAXIL LAB	21-999			YES
D5761	DENTURE RELN PART MAND LAB	0-20			NO
D5761	DENTURE RELN PART MAND LAB	21-999			YES
D5765	LINER COMPL/PARTIAL REM DENT	0-999			NO
D5876	ADD METAL SUB TO ACRYLC DENT	0-999			YES
D5951	FEEDING AID	0-20			NO
D5952	PEDIATRIC SPEECH AID	0-19			NO
D5993	MAIN/CLEAN MAX PROSTHESIS	0-999			NO
D5999	MAXILLOFACIAL PROSTHESIS	0-999			YES
D6081	SCALE & DEBRIDE, SINGLE IMP	0-999			NO
D6096	REMOVE BROKEN IMP RET SCREW	0-999			NO
D6930	RECEMENT/BOND PART DENTURE	1-20			NO
D6980	FIXED PARTIAL REPAIR	1-20			NO
D7111	EXTRACTION CORONAL REMNANTS	0-999			NO
D7140	EXTRACTION ERUPTED TOOTH/EXR	0-999			NO
D7210	REM IMP TOOTH W MUCOPER FLP	0-999			NO
D7220	IMPACT TOOTH REMOV SOFT TISS	0-999			NO
D7230	IMPACT TOOTH REMOV PART BONY	0-999			NO
D7240	IMPACT TOOTH REMOV COMP BONY	0-999			NO
D7241	IMPACT TOOTH REM BONY W/COMP	0-999			NO
D7250	TOOTH ROOT REMOVAL	0-999			NO
D7251	CORONECTOMY	0-999			NO
D7260	ORAL ANTRAL FISTULA CLOSURE	0-999			NO
D7261	PRIMARY CLOSURE SINUS PERF	0-999			NO
D7270	TOOTH REIMPLANTATION	0-999			NO
D7280	EXPOSURE OF UNERUPTED TOOTH	0-999			NO
D7282	MOBILIZE ERUPTED/MALPOS TOOT	0-999			NO
D7285	BIOPSY OF ORAL TISSUE HARD	0-999			NO
D7286	BIOPSY OF ORAL TISSUE SOFT	0-999			NO
D7288	BRUSH BIOPSY	0-999			NO
D7295	BONE HARVEST,AUTO GRAFT PROC	0-999			NO
D7296	CORTICOTOMY, 1-3 TEETH	0-20			YES
D7297	CORTICOTOMY, 4 OR MORE TEETH	0-20			YES
D7310	ALVEOPLASTY W/ EXTRACTION	0-999			NO
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	0-999			NO
D7320	ALVEOPLASTY W/O EXTRACTION	0-999			NO



## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	0-999			NO
D7410	RAD EXC LESION UP TO 1.25 CM	0-999			NO
D7411	EXCISION BENIGN LESION>1.25C	0-999			NO
D7412	EXCISION BENIGN LESION COMPL	0-999			NO
D7413	EXCISION MALIG LESION<=1.25C	0-999			NO
D7414	EXCISION MALIG LESION>1.25CM	0-999			NO
D7415	EXCISION MALIG LES COMPLICAT	0-999			NO
D7440	MALIG TUMOR EXC TO 1.25 CM	0-999			NO
D7441	MALIG TUMOR > 1.25 CM	0-999			NO
D7450	REM ODONTOGEN CYST TO 1.25CM	0-999			NO
D7451	REM ODONTOGEN CYST > 1.25 CM	0-999			NO
D7460	REM NONODONTO CYST TO 1.25CM	0-999			NO
D7461	REM NONODONTO CYST > 1.25 CM	0-999			NO
D7471	REM EXOSTOSIS ANY SITE	0-999			NO
D7472	REMOVAL OF TORUS PALATINUS	0-999			NO
D7473	REMOVE TORUS MANDIBULARIS	0-999			NO
D7485	SURG REDUCT OSSEOUS TUBEROSIT	0-999			NO
D7510	I&D ABSC INTRAORAL SOFT TISS	0-999			NO
D7511	INCISION/DRAIN ABSCESS INTRA	0-999			NO
D7520	I&D ABSCESS EXTRAORAL	0-999			NO
D7521	INCISION/DRAIN ABSCESS EXTRA	0-999			NO
D7560	MAXILLARY SINUSOTOMY	0-999			NO
D7610	MAXILLA OPEN REDUCT SIMPLE	0-999			NO
D7620	CLSD REDUCT SIMPL MAXILLA FX	0-999			NO
D7630	OPEN RED SIMPL MANDIBLE FX	0-999			NO
D7640	CLSD RED SIMPL MANDIBLE FX	0-999			NO
D7650	OPEN RED SIMP MALAR/ZYGOM FX	0-999			NO
D7660	CLSD RED SIMP MALAR/ZYGOM FX	0-999			NO
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	0-999			NO
D7671	ALVEOLUS OPEN REDUCTION	0-999			NO
D7680	REDUCT SIMPLE FACIAL BONE FX	0-999			NO
D7710	MAXILLA OPEN REDUCT COMPOUND	0-999			NO
D7720	CLSD REDUCT COMPD MAXILLA FX	0-999			NO
D7730	OPEN REDUCT COMPD MANDBLE FX	0-999			NO
D7740	CLSD REDUCT COMPD MANDBLE FX	0-999			NO
D7750	OPEN RED COMP MALAR/ZYGMA FX	0-999			NO
D7760	CLSD RED COMP MALAR/ZYGMA FX	0-999			NO
D7770	OPEN REDUC COMPD ALVEOLUS FX	0-999			NO
D7771	ALVEOLUS CLSD REDUC STBLZ TE	0-999			NO
D7780	REDUCT COMPD FACIAL BONE FX	0-999			NO
D7810	TMJ OPEN REDUCT-DISLOCATION	0-999			NO
D7820	CLOSED TMP MANIPULATION	0-999			NO
D7910	DENT SUTUR RECENT WND TO 5CM	0-999			NO
D7911	DENTAL SUTURE WOUND TO 5 CM	0-999			NO
D7912	SUTURE COMPLICATE WND > 5 CM	0-999			NO





## Hoosier Care Connect

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	0-1		CODESET LIMITS: Frenectomy: D7961, D7962: 2 PER 1 DAY	NO
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	2-999		CODESET LIMITS: Frenectomy: D7961, D7962: 2 PER 1 DAY	YES
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	0-1		CODESET LIMITS: Frenectomy: D7961, D7962: 2 PER 1 DAY	NO
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	2-999		CODESET LIMITS: Frenectomy: D7961, D7962: 2 PER 1 DAY	YES
D7972	SURG REDCT FIBROUS TUBEROSIT	0-999			NO
D7979	NON-SURGICAL SIALOLITHOTOMY	0-999			NO
D7980	SURGICAL SIALOLITHOTOMY	0-999			NO
D7982	SIALODOCHOPLASTY	0-999			NO
D7983	CLOSURE OF SALIVARY FISTULA	0-999			NO
D7999	ORAL SURGERY PROCEDURE	0-999			YES
D8010	LIMITED DENTAL TX PRIMARY	0-18			YES
D8020	LIMITED DENTAL TX TRANSITION	0-18			YES
D8030	LIMITED DENTAL TX ADOLESCENT	0-999			YES
D8040	LIMITED DENTAL TX ADULT	0-999			YES
D8050	INTERCEP DENTAL TX PRIMARY	1-20			YES
D8060	INTERCEP DENTAL TX TRANSITN	1-20			YES
D8070	COMPRE DENTAL TX TRANSITION	1-18			YES
D8080	COMPRE DENTAL TX ADOLESCENT	0-999			YES
D8090	COMPRE DENTAL TX ADULT	0-999			YES
D8210	ORTHODONTIC REM APPLIANCE TX	1-20			YES
D8220	FIXED APPLIANCE THERAPY HABT	0-999			YES
D9120	FIX PARTIAL DENTURE SECTION	0-999			YES
D9222	DEEP ANEST, 1ST 15 MIN	21-999		1 PER 1 DAY	YES
D9223	GENERAL ANESTH EA ADDL 15 MI	21-999		Five of (D9233) per 1 Day(s) Per patient. Additional units above 5 are subject to a review for medical necessity. A time-oriented anesthesia record is the preferred method of documentation.	YES
D9230	ANALGESIA	0-20		5 PER 1 DAY	NO
D9230	ANALGESIA	21-999		5 PER 1 DAY	YES
D9239	IV MOD SEDATION, 1ST 15 MIN	0-20		1 PER 1 DAY	YES
D9243	IV SEDATION EA ADDL 15M	0-20		Five of (D9243) per 1 Day(s) Per patient. Additional units above 5 are subject to a review for medical necessity. A time-oriented anesthesia record is the preferred method of documentation.	YES
D9243	IV SEDATION EA ADDL 15M	21-999		5 PER 1 DAY	YES
D9248	SEDATION (NON-IV)	19-999		1 PER 1 DAY	YES
D9410	HOUSE/EXTENDED CARE FACILITY CALL *Payable to Aria Care Providers only	0-999		1 PER 6 MONTHS	NO
D9949	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	0-999			NO
D9953	RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	0-999			NO
D9920	BEHAVIOR MANAGEMENT	0-999		1 PER 1 DAY	NO



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