

UnitedHealthcare Community Plan of Mississippi Medicaid Dental Quick Reference Guide

Effective: 2024

- **Mississippi Coordinated Access Network (CAN)**
- **Mississippi Children's Health Insurance Program (CHIP)**



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.



Provider services

Phone: **1-800-508-4862**
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
P.O. Box 1313
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
P.O. Box 1391
Milwaukee, WI 53201
Toll-free: **1-800-508-4862**



Claims

UnitedHealthcare Dental Claims
P.O. Box 781
Milwaukee, WI 53201

EDI Payer ID

GP133

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 provider web portal or contact our Provider Services toll free number.



**Dental Benefit
Providers®**

Sample member ID card

 **UnitedHealthcare** | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 999999930877 Group: MSCAN

Member:
REISSUE ENGLISH


PCP Name:
DOUGLAS GETWELL

Effective Date
12/10/2014

Copay: OFFICE/ER
\$0/\$0

0501

Payer ID: 87726

 **OPTUMRX**
Rx Bin: 610494
Rx Grp: ACUMS
Rx PCN: 4646

UnitedHealthcare Community Plan
Administered by UnitedHealthcare of Mississippi, Inc.

In an emergency go to nearest emergency room or call 911. Phmed: 08/07/18

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call. If you receive emergency services, notify Member Services within 48 hours of receiving such care.

For Member Service: 800-992-9940 TTY 711
NurseLine 24-7: 877-410-0184 TTY 800-855-2880
Website: myuhc.com/communityplan
Health Plan: 795 Woodlands Parkway, Suite 301, Ridgeland, MS 39157

For Providers: UHCprovider.com 800-557-9933
Medical Claim Address: PO Box 5032, Kingston, NY, 12402-5032
For use of non-participating providers, prior authorization is required: 1-866-604-3267

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

Benefit coverage, limitations, and requirements

Covered services for UnitedHealthcare Community Plan of Mississippi

Provider Quick Covered Services Reference Guide for the UnitedHealthcare Community Plan of Mississippi.

Covered services are paid at 100% of the provider fee schedule amount with no deductible or copay amount.

Covered services for UnitedHealthcare Community Plan of Mississippi—Mississippi CAN

\$2,500 Per fiscal year maximum (July 1 – June 30). Procedures not listed are not a benefit of this plan. If you have a question regarding plan benefits, limitations and exclusions, please contact provider services for assistance.

Orthodontic benefit —children up to age 21 lifetime maximum per child—\$4,200

Medicaid will consider orthodontic authorization requests for beneficiaries under 21 who meet at least one of the following pre-qualifying criteria:

- Cleft lip, cleft palate and other craniofacial anomalies
- Overjet of 9 millimeters or more
- Reverse overjet of 2 millimeters or more
- Extensive hypodontia with restorative implications (more than one tooth per quadrant) requiring pre-prosthetic orthodontics
- Anterior openbites greater than 4 millimeters
- Upper anterior contact point displacement with greater than 4 millimeters
- Requiring pre-prosthetic orthodontics
- Individual anterior tooth crossbites with greater than a 2 millimeter discrepancy between retruded contact position and intercuspal position
- Impinging overbite with evidence of gingival or palatal trauma
- Impeded eruption of teeth (except third molars) due to crowding, displacement, presence of supernumerary teeth, retained primary teeth, and any pathologic cause; unless extraction of the displaced teeth or adjacent teeth, requiring no orthodontic treatment would be more expedient.



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D0120	Periodic Oral Evaluation - Established Patient	0-20		No	N/A
D0140	Limited Oral Evaluation - Problem Focused		4 per fiscal year	No	N/A
D0145	Oral Evaluation, Patient Under Three	0-2	2 per fiscal year, at least 5 months apart	No	N/A
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-20	2 per fiscal year, at least 5 months apart	No	N/A
D0210	Intraoral - Complete Series of Radiographic Images		1 per 24 months	No	N/A
D0220	Intraoral - Periapical First Radiographic Image		7 per fiscal year	No	N/A
D0230	Intraoral - Periapical Each Additional Image		7 per fiscal year	No	N/A
D0270	Bitewing - Single Radiographic Image		1 per fiscal year, 1 exception allowed for documented trauma to head or mouth area, orthodontic evaluation, or rule out malignancy	No	N/A
D0272	Bitewings - Two Radiographic Images		1 per fiscal year, 1 exception allowed for documented trauma to head or mouth area, orthodontic evaluation, or rule out malignancy	No	N/A
D0273	Bitewings - Three Radiographic Images		1 per fiscal year, 1 exception allowed for documented trauma to head or mouth area, orthodontic evaluation, or rule out malignancy	No	N/A
D0274	Bitewings - Four Radiographic Images		1 per fiscal year, 1 exception allowed for documented trauma to head or mouth area, orthodontic evaluation, or rule out malignancy	No	N/A
D0321	Other Temporomandibular Joint Radiographic Images, By Report			Yes	Narrative of medical necessity with pre authorization
D0330	Panoramic Radiographic Image		1 per 24 months	No	N/A
D0340	2D Cephalometric Radiographic Image	0-20		No	N/A
D0350	Oral/Facial Photographic Images	0-20		No	N/A
D0411	Test For Diabetes		1 per day	No	N/A
D0470	Diagnostic Casts	0-20		No	N/A
D0999	FQHC Encounter Payment			No	N/A
D1120	Prophylaxis - Child	0-20	2 per fiscal year, at least 5 months apart	No	N/A
D1206	Topical Application Of Fluoride Varnish	0-20	2 per fiscal year, at least 5 months apart	No	N/A
D1208	Topical Application of Fluoride	0-20	2 per fiscal year, at least 5 months apart	No	N/A
D1351	Sealant - Per Tooth	0-20	1 per 5 years	No	N/A
D1510	Space Maintainer - Fixed - Unilateral	0-20		No	N/A
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0-20		No	N/A
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0-20		No	N/A
D1520	Space Maintainer - Removable - Unilateral	0-20		No	N/A
D1526	Space Maintainer - Removable - Bilateral, maxillary	0-20		No	N/A
D1527	Space Maintainer - Removable - Bilateral, mandibular	0-20		No	N/A
D1551	Re-Cement Or Re-Bond Space Maintainer - Maxillary	0-20		No	N/A
D1552	Re-Cement Or Re-Bond Space Maintainer - Mandibular	0-20		No	N/A



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0-20		No	N/A
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0-20		No	N/A
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	0-20		No	N/A
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	0-20		No	N/A
D2140	Amalgam - One Surface, Primary Or Permanent	0-20		No	N/A
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-20		No	N/A
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-20		No	N/A
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-20		No	N/A
D2330	Resin-Based Composite - One Surface, Anterior	0-20		No	N/A
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-20		No	N/A
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-20		No	N/A
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0-20		No	N/A
D2390	Resin-Based Composite Crown, Anterior	0-20		No	N/A
D2391	Resin-Based Composite - One Surface, Posterior	0-20		No	N/A
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-20		No	N/A
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-20		No	N/A
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-20		No	N/A
D2750	Crown - Porcelain Fused To High Noble Metal	0-20		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2752	Crown - Porcelain Fused To Noble Metal	0-20		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-20		No	N/A
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0-20		No	N/A
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-20		No	N/A
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-20		No	N/A
D2940	Protective Restoration	0-20		No	N/A
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-20		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2999	Unspecified Restorative Procedure, By Report	0-20		Yes	Description of procedure and narrative of medical necessity
D3220	Therapeutic Pulpotomy	0-20		No	N/A
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0-20		No	N/A
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-20	1 per lifetime per tooth	Yes	Pre-op x-rays (excluding BWX)
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-20	1 per lifetime per tooth	Yes	Pre-op x-rays (excluding BWX)
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-20	1 per lifetime per tooth	Yes	Pre-op x-rays (excluding BWX)
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0-20		Yes	Pre-op x-rays (excluding BWX)
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	0-20		Yes	Pre-op x-rays (excluding BWX)
D3348	Retreatment Of Previous Root Canal Therapy - Molar	0-20		Yes	Pre-op x-rays (excluding BWX)
D3999	Unspecified Endodontic Procedure, By Report	0-20		Yes	Description of procedure and narrative of medical necessity



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth		1 per quadrant per fiscal year, Ages 21+ must be on dilantin therapy	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth		1 per quadrant per fiscal year, Ages 21+ must be on dilantin therapy	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	10-20	1 per quadrant per fiscal year	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	10-20	1 per quadrant per fiscal year	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth		1 per quadrant per fiscal year	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth		1 per quadrant per fiscal year	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	10-20	1 per quadrant per fiscal year	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	10-20	1 per quadrant per fiscal year	Yes	Periodontal charting and pre-op x-rays
D5110	Complete Denture - Maxillary	0-20		Yes	FMX or panorex x-rays
D5120	Complete Denture - Mandibular	0-20		Yes	FMX or panorex x-rays
D5211	Maxillary Partial Denture - Resin Base	0-20		Yes	FMX or panorex x-rays
D5212	Mandibular Partial Denture - Resin Base	0-20		Yes	FMX or panorex x-rays
D5221	Maxillary Partial Denture - Resin Base	0-20		Yes	FMX or panorex x-rays
D5222	Mandibular Partial Denture - Resin Base	0-20		Yes	FMX or panorex x-rays
D5955	Palatal Lift Prosthesis, Definitive	0-20		Yes	Narrative of medical necessity with pre authorization
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	0-20		Yes	Description of procedure and narrative of medical necessity
D7140	Extraction, Erupted Tooth Or Exposed Root		1 per lifetime per tooth	No	N/A
D7210	Extraction, Erupted Tooth		1 per lifetime per tooth	No	N/A
D7220	Removal Of Impacted Tooth - Soft Tissue		1 per lifetime per tooth	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony		1 per lifetime per tooth	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony		1 per lifetime per tooth	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications		1 per lifetime per tooth	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)		1 per lifetime per tooth	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7251	Coronectomy - Intentional Partial Tooth Removal			Yes	Narrative, films, treatment plan, clinical notes, panorex
D7260	Oroantral Fistula Closure			Yes	Narrative of medical necessity with pre authorization
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0-20		Yes	Narrative of medical necessity with pre authorization
D7272	Tooth Transplantation (Includes Reimplantation)	0-20		Yes	Narrative of medical necessity with pre authorization
D7280	Exposure of an Unerupted Tooth		1 per lifetime per tooth	Yes	Pre-op x-rays and narrative of medical necessity
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)			No	N/A



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7286	Incisional Biopsy Of Oral Tissue - Soft			No	N/A
D7288	Brush Biopsy - Transepithelial Sample Collection			No	N/A
D7290	Surgical Repositioning Of Teeth			No	N/A
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-operative radiographs of area and narrative of medical necessity
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-operative radiographs of area and narrative of medical necessity
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth			Yes	Pre-op x-rays (excluding BWX)
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth			Yes	Pre-op x-rays (excluding BWX)
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth			Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth			Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)			Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)			Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7410	Excision Of Benign Lesion Up To 1.25 Cm			Yes	Copy of pathology report with claim
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm			Yes	Copy of pathology report
D7413	Excision Of Malignant Lesion Up To 1.25 Cm			Yes	Copy of pathology report
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm			Yes	Copy of pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm			Yes	Copy of pathology report
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm			Yes	Copy of pathology report
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	Copy of pathology report
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	Copy of pathology report
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	Copy of pathology report
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	Copy of pathology report
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report			Yes	Copy of pathology report
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)			Yes	Narrative of medical necessity, xrays or photos optional
D7490	Radical Resection Of Maxilla Or Mandible			Yes	Narrative of medical necessity, xrays or photos optional
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue			Yes	Narrative of medical necessity, xrays or photos optional
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue			Yes	Narrative of medical necessity, xrays or photos optional
D7530	Removal Of Foreign Body From Mucosa			Yes	Narrative of medical necessity, xrays or photos optional
D7540	Removal Of Reaction Producing Foreign Bodies			Yes	Narrative of medical necessity, xrays or photos optional
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone			Yes	Narrative of medical necessity, xrays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Yes	Narrative of medical necessity, xrays or photos optional
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)			Yes	Narrative of medical necessity, xrays or photos optional



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)			Yes	Narrative of medical necessity, xrays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)			Yes	Narrative of medical necessity, xrays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)			Yes	Narrative of medical necessity, xrays or photos optional
D7650	Malar And/Or Zygomatic Arch - Open Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7660	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Yes	Narrative of medical necessity, xrays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Yes	Narrative of medical necessity, xrays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Yes	Narrative of medical necessity, xrays or photos optional
D7710	Maxilla - Open Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7720	Maxilla - Closed Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7730	Mandible - Open Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7740	Mandible - Closed Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7760	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	Narrative of medical necessity, xrays or photos optional
D7770	Alveolus - Open Reduction Stabilization Of Teeth			Yes	Narrative of medical necessity, xrays or photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches			Yes	Narrative of medical necessity, xrays or photos optional
D7810	Open Reduction Of Dislocation			Yes	Narrative of medical necessity, xrays or photos optional
D7820	Closed Reduction Of Dislocation			Yes	Narrative of medical necessity, xrays or photos optional
D7830	Manipulation Under Anesthesia			Yes	Narrative of medical necessity, xrays or photos optional
D7840	Condylectomy			Yes	Narrative of medical necessity, xrays or photos optional
D7850	Surgical Discectomy, With/Without Implant			Yes	Narrative of medical necessity, xrays or photos optional
D7860	Arthrotomy			Yes	Narrative of medical necessity, xrays or photos optional
D7870	Arthrocentesis			Yes	Narrative of medical necessity, xrays or photos optional
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Yes	Narrative of medical necessity, xrays or photos optional
D7911	Complicated Suture - Up To 5 Cm			Yes	Narrative of medical necessity, xrays or photos optional
D7912	Complicated Suture - Greater Than 5 Cm			Yes	Narrative of medical necessity, xrays or photos optional
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)			Yes	Narrative of medical necessity, xrays or photos optional
D7940	Osteoplasty - For Orthognathic Deformities			Yes	Narrative of medical necessity, xrays or photos optional
D7941	Osteotomy - Mandibular Rami			Yes	Narrative of medical necessity, xrays or photos optional



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft			Yes	Narrative of medical necessity, xrays or photos optional
D7944	Osteotomy - Segmented Or Subapical			Yes	Narrative of medical necessity, xrays or photos optional
D7945	Osteotomy - Body Of Mandible			Yes	Narrative of medical necessity, xrays or photos optional
D7946	Lefort I - (Maxilla - Total)			Yes	Narrative of medical necessity, xrays or photos optional
D7947	Lefort I - (Maxilla - Segmented)			Yes	Narrative of medical necessity, xrays or photos optional
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft			Yes	Narrative of medical necessity, xrays or photos optional
D7949	Lefort Ii Or Lefort Iii - With Bone Graft			Yes	Narrative of medical necessity, xrays or photos optional
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla			Yes	Narrative of medical necessity, xrays or photos optional
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect			Yes	Narrative of medical necessity, xrays or photos optional
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure			Yes	Narrative of medical necessity, xrays or photos optional
D7970	Excision Of Hyperplastic Tissue - Per Arch			Yes	Pre-op x-rays, narrative of medical necessity, photos optional
D7979	Non-Surgical Sialolithotomy		1 per day	Yes	Pre-operative radiographs of area and narrative of medical necessity
D7980	Surgical Sialolithotomy			Yes	Narrative of medical necessity, xrays or photos optional
D7981	Excision Of Salivary Gland, By Report			Yes	Narrative of medical necessity, xrays or photos optional
D7982	Sialodochoplasty			Yes	Narrative of medical necessity, xrays or photos optional
D7983	Closure Of Salivary Fistula			Yes	Narrative of medical necessity, xrays or photos optional
D7990	Emergency Tracheotomy			Yes	Narrative of medical necessity, xrays or photos optional
D7991	Coronoidectomy			Yes	Narrative of medical necessity, xrays or photos optional
D7999	Unspecified Oral Surgery Procedure, By Report			Yes	Description of procedure and narrative of medical necessity
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	0-20		Yes	Narrative, films, treatment plan, clinical notes, panorex
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	0-20		Yes	Narrative, films, treatment plan, clinical notes, panorex
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20		Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan
D8670	Periodic Orthodontic Treatment Visit	0-20		No	N/A
D8703	Replacement Of Lost Or Broken Retainer - Maxillary	0-20	1 per lifetime	Yes	Narrative of active orthodontic case
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	0-20	1 per lifetime	Yes	Narrative of active orthodontic case
D8999	Unspecified Orthodontic Procedure, By Report	0-20		Yes	Copy of original approval,banding date, payment history
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure			Yes	Description of procedure and narrative of medical necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		1 per day	No	N/A
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment		1 per day	Yes	Narrative of medical necessity and anesthesia log



UnitedHealthcare Mississippi CAN dental benefit

Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis		1 per day	Yes	Narrative of medical necessity
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		1 per day	Yes	Narrative of medical necessity and anesthesia log
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		1 per day	Yes	Narrative of medical necessity and anesthesia log
D9248	Non-Intravenous Conscious Sedation		1 per day	Yes	Narrative of medical necessity
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician			No	N/A
D9944	Occlusal Guard-hard appliance, full arch	0-20		Yes	Narrative of medical necessity
D9945	Occlusal Guard-soft appliance, full arch	0-20		Yes	Narrative of medical necessity
D9946	Occlusal Guard-hard appliance, partial arch	0-20		Yes	Narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter		1 per day	No	N/A
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist		1 per day	No	N/A
D9999	Unspecified Adjunctive Procedure, By Report			Yes	OR/ASC Scoring sheet, treatment plan and Physician's statement

Covered services for UnitedHealthcare Community Plan of Mississippi – Mississippi CHIP

\$2,000 per calendar year maximum. Procedures not listed are not a benefit of this plan. If you have a question regarding plan benefits, limitations and exclusions, please contact provider services for assistance.

1. Accidental injury benefit – the calendar year maximum does not apply to these services

Benefits are provided for dental care, treatment, dental surgery, and dental appliances made necessary by accidental bodily injury to sound and natural teeth (which are free from effects of impairment or disease) effected solely through external means occurring while the Member is covered under the plan. Injury to teeth as a result of chewing or biting is not considered accidental injury. **FOR ACCIDENTAL INJURY BENEFITS—SUBMIT A TREATMENT PLAN WITH PROCEDURE CODES FOR PRE-AUTHORIZATION APPROVAL.**

No benefits will be provided for orthodontics, dentures, occlusion reconstruction, or for inlays unless such services are provided pursuant to an accidental injury as described above or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusions. **FOR ORTHODONTIC BENEFITS—SUBMIT A TREATMENT PLAN WITH PROCEDURE CODES FOR PRE-AUTHORIZATION APPROVAL.**

2. Anesthesia benefits

Benefits are provided for anesthesia and for associated facility charges when the mental or physical condition of the Member requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting, surgical center, or dental office.

3. TMJ coverage benefit

Benefits are provided for diagnosis and surgical treatment of temporomandibular joint (TMJ) disorder or syndrome and craniomandibular disorder, whether such treatment is rendered by a Practitioner or dentist, subject to a lifetime maximum benefit of five thousand dollars and zero cents (\$5,000.00) per Member. This lifetime maximum will apply regardless of whether the temporomandibular-craniofacial joint disorder was caused by an accidental injury or was congenital in nature. **FOR TMJ BENEFITS—SUBMIT A TREATMENT PLAN WITH PROCEDURES FOR PRE-AUTHORIZATION APPROVAL.**



UnitedHealthcare Mississippi CHIP dental benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D0120	Periodic Oral Evaluation - Established Patient	0 - 19	1 per 6 months	No	
D0140	Limited Oral Evaluation - Problem Focused	0 - 19		No	
D0145	Oral Evaluation, Patient Under Three	0 - 2	1 per 6 months	No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0 - 19	1 per 6 months	No	
D0210	Intraoral - Complete Series of Radiographic Images	0 - 19	1 per 24 months	No	
D0220	Intraoral - Periapical First Radiographic Image	0 - 19		No	
D0230	Intraoral - Periapical Each Additional Image	0 - 19		No	
D0240	Intraoral - Occlusal Radiographic Image	0 - 19		No	
D0270	Bitewing - Single Radiographic Image	0 - 19	1 per 6 months	No	
D0272	Bitewings - Two Radiographic Images	0 - 19	1 per 6 months	No	
D0273	Bitewings - Three Radiographic Images	0 - 19	1 per 6 months	No	
D0274	Bitewings - Four Radiographic Images	0 - 19	1 per 6 months	No	
D0320	Temporomandibular Joint Arthrogram, Including Injection	0 - 19	³ See TMJ disorder benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0 - 19	³ See TMJ disorder benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D0330	Panoramic Radiographic Image	0 - 19	1 per 24 months	No	
D0999	FQHC Encounter Payment	0 - 19		No	
D1110	Prophylaxis - Adult	14 - 19	1 per 6 months	No	
D1120	Prophylaxis - Child	0 - 13	1 per 6 months	No	
D1206	Topical Application Of Fluoride Varnish	0 - 6	1 per 6 months	No	
D1208	Topical Application of Fluoride	0 - 19	1 per 6 months	No	
D1351	Sealant - Per Tooth	0 - 14	1 per 36 months, molars only	No	
D1510	Space Maintainer - Fixed - Unilateral	0 - 15	permanent teeth only	No	
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0 - 15	permanent teeth only	No	
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0 - 15	permanent teeth only	No	
D1520	Space Maintainer - Removable - Unilateral	0 - 15	permanent teeth only	No	
D1526	Space Maintainer - Removable - Bilateral, maxillary	0 - 15	permanent teeth only	No	
D1527	Space Maintainer - Removable - Bilateral, mandibular	0 - 15	permanent teeth only	No	
D1551	Re-Cement Or Re-Bond Space Maintainer - Maxillary	0 - 15		No	N/A
D1552	Re-Cement Or Re-Bond Space Maintainer - Mandibular	0 - 15		No	N/A
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0 - 15		No	N/A
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0 - 15		No	N/A
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	0 - 15		No	N/A
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	0 - 15		No	N/A
D2140	Amalgam - One Surface, Primary Or Permanent	0 - 19		No	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0 - 19		No	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0 - 19		No	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0 - 19		No	
D2330	Resin-Based Composite - One Surface, Anterior	0 - 19		No	
D2331	Resin-Based Composite - Two Surfaces, Anterior	0 - 19		No	
D2332	Resin-Based Composite - Three Surfaces, Anterior	0 - 19		No	
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0 - 19		No	
D2391	Resin-Based Composite - One Surface, Posterior	0 - 19		No	



UnitedHealthcare Mississippi CHIP dental benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D2392	Resin-Based Composite - Two Surfaces, Posterior	0 - 19		No	
D2393	Resin-Based Composite - Three Surfaces, Posterior	0 - 19		No	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0 - 19		No	
D2740	Crown - Porcelain/Ceramic	0 - 19	1 per 5 years, anterior teeth only	Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0 - 19	1 per 5 years, anterior teeth only	Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0 - 19		No	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0 - 19		Yes	Pre-op x-rays of adjacent teeth and opposing teeth
D2933	Prefabricated Stainless Steel Crown With Resin Window	0 - 19	anterior teeth only	No	
D2940	Protective Restoration	0 - 19		No	
D2954	Prefabricated Post And Core In Addition To Crown	0 - 19		No	
D3220	Therapeutic Pulpotomy	0 - 19		No	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	0 - 6		No	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	0 - 10		No	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0 - 19	1 per tooth per lifetime	Yes	Pre-op radiographs(excluding Bitewings), fill x-ray with claim
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0 - 19	1 per tooth per lifetime	Yes	Pre-op radiographs(excluding Bitewings), fill x-ray with claim
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0 - 19	1 per tooth per lifetime	Yes	Pre-op radiographs(excluding Bitewings), fill x-ray with claim
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0 - 19	1 per 36 months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0 - 19	1 per 36 months	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	10 - 19	2 quads per visit, 4 quads per year	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	10 - 19	2 quads per visit, 4 quads per year	Yes	Periodontal charting and pre-op x-rays
D5110	Complete Denture - Maxillary	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D5120	Complete Denture - Mandibular	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D5211	Maxillary Partial Denture - Resin Base	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D5212	Mandibular Partial Denture - Resin Base	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	0 - 19	1 see accidental injury benefit	Yes	Narrative of medical necessity, FMX or panorex, photos optional
D7140	Extraction, Erupted Tooth Or Exposed Root	0 - 19	1 per tooth per lifetime	No	
D7210	Extraction, Erupted Tooth	0 - 19	1 per tooth per lifetime	No	
D7220	Removal Of Impacted Tooth - Soft Tissue	0 - 19	1 per tooth per lifetime	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony	0 - 19	1 per tooth per lifetime	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony	0 - 19	1 per tooth per lifetime	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity



UnitedHealthcare Mississippi CHIP dental benefit

Code	Description	Age limits	Frequency/limitation	Auth required?	Required documents
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0 - 19	1 per tooth per lifetime	Yes	Pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)	0 - 19	1 per tooth per lifetime	Yes	Pre-op x-rays (excluding BWX)
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0 - 19	¹ see accidental injury benefit	Yes	Date and description of accident, tx plan, FMX or Panorex, photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	0 - 19	¹ see accidental injury benefit	Yes	Date and description of accident, tx plan, FMX or Panorex, photos optional
D7810	Open Reduction Of Dislocation	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7820	Closed Reduction Of Dislocation	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7830	Manipulation Under Anesthesia	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7840	Condylectomy	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7850	Surgical Discectomy, With/Without Implant	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7860	Arthrotomy	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D7870	Arthrocentesis	0 - 19	¹ see accidental injury benefit	Yes	Date/desc of accident or congenital condition/tx plan/FMX or panorex/photos opt
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0 - 19	¹ see accidental injury benefit	Yes	Narr of med nec (or phys report of acc injury), fmx, pan, ceph, photos optional
D8670	Periodic Orthodontic Treatment Visit	0 - 19	¹ see accidental injury benefit	Yes	
D8999	Unspecified Orthodontic Procedure, By Report	0 - 19		Yes	Copy of original approval,banding date, payment history
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	0 - 19		No	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0 - 19	² when clinically necessary	Yes	Narrative of medical necessity,Tx plan if request for extensive treatment only
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0 - 19	² when clinically necessary	Yes	Narrative of medical necessity,Tx plan if request for extensive treatment only
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0 - 7	1 per day, allowable with restorative procedures only, 1 per visit per day	No	
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	0 - 19		No	
D9951	Occlusal Adjustment - Limited	0 - 19	¹ see accidental injury benefit	Yes	Date and description of accident, tx plan, FMX or Panorex, photos optional
D9952	Occlusal Adjustment - Complete	0 - 19	¹ see accidental injury benefit	Yes	Date and description of accident, tx plan, FMX or Panorex, photos optional
D9999	Unspecified Adjunctive Procedure, By Report	0 - 19		Yes	OR/ASC Scoring sheet, treatment plan and Physician's statement



Exclusions & limitations

Please refer to the benefits grid for applicable exclusions and limitations and covered services. Standard ADA coding guidelines are applied to all claims.

Any service not listed as a covered service in the benefit grids is excluded.

Please call Provider Services at **1-800-508-4862** if you have any questions regarding frequency limitations.

Additional exclusions

1. Unnecessary dental services.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons.
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting that has not had prior authorization.
7. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on Dental Therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
8. Service for injuries or conditions covered by workers' compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures performed prior to the covered person's eligibility with the plan.
10. Dental services otherwise covered under the policy, but rendered after the date that an individual's coverage under the policy terminates, including dental services for dental conditions arising prior to the date that an individual's coverage under the policy terminates.
11. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
12. Charges for failure to keep a scheduled appointment without giving the dental office proper notification.



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