

UnitedHealthcare Community Plan of Indiana Medicaid Dental Quick Reference Guide

Effective: 04/01/2021



UHCdentalproviders.com

The Provider Web Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



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 of Indiana
Attn: Appeals and Grievances Unit
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

Informal Objections and Formal Appeals
UnitedHealthcare Dental Claim Appeals
P.O. Box 1391
Milwaukee, WI 53201

Corrected Claims



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

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

Sample member ID card

 <p>Health Plan (80840) 911-87726-04 Member ID: A999999991 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>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>Emergency Room Copay May Apply. <small>Printed: 12/05/2019</small></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 www.myuhc.com/communityplan or call.</p> <p>For Members: 800-832-4643 TTY 711</p> <p>For Providers: UHCprovider.com/incommunityplan 877-610-9785 Medical Claims: PO Box 5240, Kingston, NY, 12402-5240</p> <p>Pharmacy Claims: OptumRx, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 866-215-5046</p>
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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.

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.

Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D0120	PERIODIC ORAL EVALUATION	0-999	1 PER 6 MONTH		No
D0140	LIMIT ORAL EVAL PROBLM FOCUS	0-999	NONE		No
D0145	ORAL EVALUATION, PT < 3YRS	0-2	1 PER 1 FLOATING YEAR		No
D0150	COMPREHENSVE ORAL EVALUATION	0-999	1 PER 1 LIFETIME	D0150, D0160: 2 PER 1 FLOATING YEAR	No
D0160	EXTENSV ORAL EVAL PROB FOCUS	0-999	1 PER 1 LIFETIME	D0150, D0160: 2 PER 1 FLOATING YEAR	No
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	0-999	NONE		No
D0210	INTRAOR COMPLETE FILM SERIES	0-999	1 PER 3 FLOATING YEAR	D0210, D0330: 1 PER 3 FLOATING 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 DAYS		No
D0250	EXTRAORAL 2D PROJECT IMAGE	0-999	NONE		No
D0251	EXTRAORAL POSTERIOR IMAGE	0-999	NONE		No
D0270	DENTAL BITEWING SINGLE IMAGE	0-999	4 PER 12 MONTH	Bitewings D0270-D0274: 4 PER 12 MONTH	No
D0272	DENTAL BITEWINGS TWO IMAGES	0-999	2 PER 12 MONTH	Bitewings D0270-D0274: 4 PER 12 MONTH	No
D0273	BITEWINGS - THREE IMAGES	0-999	1 PER 12 MONTH	Bitewings D0270-D0274: 4 PER 12 MONTH	No
D0274	BITEWINGS FOUR IMAGES	0-999	1 PER 12 MONTH	Bitewings D0270-D0274: 4 PER 12 MONTH	No
D0277	VERT BITEWINGS 7 TO 8 IMAGES	0-999	1 PER 12 MONTH		No
D0310	DENTAL SALIOGRAPHY	0-999	NONE		No
D0330	PANORAMIC IMAGE	0-999	1 PER 3 FLOATING YEAR	D0210, D0330: 1 PER 3 FLOATING YEAR	No
D0340	2D CEPHALOMETRIC IMAGE	0-999	NONE		No
D0411	HBA1C IN OFFICE TESTING	0-999	NONE		No
D0486	ACCESS OF TRANSEP CYTOL SAMP	0-999	NONE		No
D1110	DENTAL PROPHYLAXIS ADULT	13-999	13-21: 1 PER 6 MONTH 21 and older: 1 PER 12 MONTH		No
D1120	DENTAL PROPHYLAXIS CHILD	1-12	1 PER 6 MONTH		Yes (Under 1 year)
D1206	TOPICAL FLUORIDE VARNISH	1-20	1 PER 6 MONTH		No
D1208	TOPICAL APP FLUORID EX VRNSH	0-20	1 PER 6 MONTH		No
D1351	DENTAL SEALANT PER TOOTH	0-20	1 PER 1 LIFETIME		No
D1352	PREV RESIN REST, PERM TOOTH	0-20	NONE		Yes
D1354	INT CARIES MED APP PER TOOTH	0-20	NONE		Yes
D1510	SPACE MAINTAINER FXD UNILAT	1-20	NONE		No



Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D1516	FIXED BILAT SPACE MAINT, MAX	1-3	NONE		Yes (1-3 years)
D1517	FIXED BILAT SPACE MAINT, MAN	1-3	NONE		Yes (1-3 years)
D1520	REMOVE UNILAT SPACE MAINTAIN	4-20	NONE		No
D1526	REMOVE BILAT SPACE MAIN, MAX	1-3	NONE		Yes (1-3 years)
D1527	REMOVE BILAT SPACE MAIN, MAN	1-3	NONE		Yes (1-3 years)
D1551	RECEMENT SPACE MAINT - MAX	1-20	NONE		No
D1552	RECEMENT SPACE MAINT - MAN	1-20	NONE		No
D1553	RECEMENT UNILAT SPACE MAINT	1-20	NONE		No
D1556	REM FIXED UNILAT SPACE MAINT	0-999	NONE		No
D1557	REMOVE FIXED BILAT MAINT MAX	0-999	NONE		No
D1558	REMOVE FIXED BILAT MAN	0-999	NONE		No
D1575	DIST SPACE MAINT, FIXED UNIL	0-20	NONE		No
D1999	UNSPECIFIED PREVENTIVE PROC	0-999	NONE		Yes
D2140	AMALGAM ONE SURFACE PERMANEN	0-999	NONE		No
D2150	AMALGAM TWO SURFACES PERMANE	0-999	NONE		No
D2160	AMALGAM THREE SURFACES PERMA	0-999	NONE		No
D2161	AMALGAM 4 OR > SURFACES PERM	0-999	NONE		No
D2330	RESIN ONE SURFACE-ANTERIOR	0-999	NONE		No
D2331	RESIN TWO SURFACES-ANTERIOR	0-999	NONE		No
D2332	RESIN THREE SURFACES-ANTERIO	0-999	NONE		No
D2335	RESIN 4/> SURF OR W INCIS AN	0-999	NONE		No
D2390	ANT RESIN-BASED CMPST CROWN	0-999	NONE		No
D2391	POST 1 SRFC RESINBASED CMPST	0-999	NONE		No
D2392	POST 2 SRFC RESINBASED CMPST	0-999	NONE		No
D2393	POST 3 SRFC RESINBASED CMPST	0-999	NONE		No
D2394	POST >=4SRFC RESINBASE CMPST	0-999	NONE		No
D2910	RECEMENT INLAY ONLAY OR PART	0-999	NONE		No
D2920	RE-CEMENT OR RE-BOND CROWN	0-999	NONE		No
D2921	REATTACH TOOTH FRAGMENT	0-999	NONE		No
D2930	PREFAB STNLSS STEEL CRWN PRI	0-999	NONE		No
D2931	PREFAB STNLSS STEEL CROWN PE	0-999	NONE		No
D2932	PREFABRICATED RESIN CROWN	0-20	NONE		No
D2933	PREFAB STAINLESS STEEL CROWN	0-20	NONE		No
D2934	PREFAB STEEL CROWN PRIMARY	0-999	NONE		No
D2940	PROTECTIVE RESTORATION	0-999	NONE		No
D2941	INT THERAPEUTIC RESTORATION	0-999	NONE		No
D2949	RESTORATIVE FOUNDATION	0-999	NONE		No
D2980	CROWN REPAIR	0-999	NONE		No
D2990	RESIN INFILTRATION OF LESION	0-999	NONE		No
D3220	THERAPEUTIC PULPOTOMY	0-999	NONE		No
D3222	PART PULP FOR APEXOGENESIS	0-999	NONE		No
D3230	PULPAL THERAPY ANTERIOR PRIM	0-999	NONE		No
D3240	PULPAL THERAPY POSTERIOR PRI	0-999	NONE		No
D3310	END THXPY, ANTERIOR TOOTH	1-20	NONE		Yes
D3320	END THXPY, PREMOLAR TOOTH	1-20	NONE		Yes



Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D3330	END THXPY, MOLAR TOOTH	1-20	NONE		Yes
D3346	RETREAT ROOT CANAL ANTERIOR	1-20	NONE		Yes
D3347	RETREAT ROOT CANAL PREMOLAR	1-20	NONE		Yes
D3348	RETREAT ROOT CANAL MOLAR	1-20	NONE		Yes
D3351	APEXIFICATION/RECALC INITIAL	1-20	NONE		Yes
D3352	APEXIFICATION/RECALC INTERIM	1-20	NONE		Yes
D3353	APEXIFICATION/RECALC FINAL	1-20	NONE		Yes
D3410	APICOECTOMY - ANTERIOR	1-20	NONE		Yes
D3421	ROOT SURGERY PREMOLAR	1-20	NONE		Yes
D3425	ROOT SURGERY MOLAR	1-20	NONE		Yes
D3426	ROOT SURGERY EA ADD ROOT	1-20	NONE	D3426, D3430: 4 PER 2 FLOATING YEAR	Yes
D3430	RETROGRADE FILLING	1-20	NONE	D3426, D3430: 4 PER 2 FLOATING YEAR	Yes
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	0-999	NONE	D4210, D4211: 1 PER 6 FLOATING YEAR	Yes
D4211	GINGIVECTOMY/PLASTY 1 TO 3	0-999	NONE	D4210, D4211: 1 PER 6 FLOATING YEAR	Yes
D4212	GINGIVECTOMY/PLASTY REST	0-999	NONE		Yes
D4240	GINGIVAL FLAP PROC W/ PLANIN	0-999	NONE		Yes
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH	0-999	NONE		Yes
D4260	OSSEOUS SURGERY 4 OR MORE	0-999	NONE		Yes
D4341	PERIODONTAL SCALING & ROOT	3-20	4 PER 2 FLOATING YEAR		Yes (0-20 years)
D4342	PERIODONTAL SCALING 1-3TEETH	3-20	4 PER 2 FLOATING YEAR		Yes (0-20 years)
D4346	SCALING GINGIV INFLAMMATION	0-999	NONE		No
D4355	FULL MOUTH DEBRIDEMENT	0-999	1 PER 3 FLOATING YEAR	D4355: 1 PER 1 DAYS	No
D4910	PERIODONTAL MAINT PROCEDURES	3-999	13-21: 1 PER 6 MONTH 21 and older: 1 PER 12 MONTH		No
D5110	DENTURES COMPLETE MAXILLARY	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Maxillary: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5120	DENTURES COMPLETE MANDIBLE	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Mandibular: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5130	DENTURES IMMEDIATE MAXILLARY	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Maxillary: 1 PER 6 FLOATING YEAR	Yes
D5140	DENTURES IMMEDIATE MANDIBLE	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Mandibular: 1 PER 6 FLOATING YEAR	Yes
D5211	DENTURES MAXILL PART RESIN	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Maxillary: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5212	DENTURES MAND PART RESIN	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Mandibular: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5213	DENTURES MAXILL PART METAL	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Maxillary: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5214	DENTURES MANDIBL PART METAL	21-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Mandibular: 1 PER 6 FLOATING YEAR	Yes (Over 20 years)
D5225	MAXILLARY PART DENTURE FLEX	0-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Maxillary: 1 PER 6 FLOATING YEAR	Yes
D5226	MANDIBULAR PART DENTURE FLEX	0-999	1 PER 6 FLOATING YEAR	Complete/Partial Denture-Mandibular: 1 PER 6 FLOATING YEAR	Yes
D5282	REMOVE UNIL PART DENTURE,MAX	21-999	NONE		Yes (Over 20 years)
D5283	REMOVE UNIL PART DENTURE,MAN	21-999	NONE		Yes (Over 20 years)
D5284	REM UNILAT DENT FLEX BASE	1-999	NONE		Yes



Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D5286	REM UNILAT DENT 1 PC RESIN	1-999	NONE		Yes
D5511	REP BROKE COMP DENT BASE MAN	21-999	NONE		Yes (Over 20 years)
D5512	REP BROKE COMP DENT BASE MAX	21-999	NONE		Yes (Over 20 years)
D5520	REPLACE DENTURE TEETH COMPLT	0-999	NONE		No
D5611	REP RESIN PART DENT BASE MAN	0-20	NONE		Yes (Over 20 years)
D5612	REP RESIN PART DENT BASE MAX	21-999	NONE		Yes (Over 20 years)
D5621	REP CAST PART FRAME MAN	21-999	NONE		Yes (Over 20 years)
D5622	REP CAST PART FRAME MAX	21-999	NONE		Yes (Over 20 years)
D5630	REP PARTIAL DENTURE CLASP	21-999	NONE		Yes (Over 20 years)
D5640	REPLACE PART DENTURE TEETH	21-999	NONE		Yes (Over 20 years)
D5650	ADD TOOTH TO PARTIAL DENTURE	21-999	NONE		Yes (Over 20 years)
D5660	ADD CLASP TO PARTIAL DENTURE	21-999	NONE		Yes (Over 20 years)
D5730	DENTURE RELN CMLPT MAXIL CH	1-999	NONE		No
D5731	DENTURE RELN CMLPT MAND CHR	1-999	NONE		No
D5740	DENTURE RELN PART MAXIL CHR	1-999	NONE		No
D5741	DENTURE RELN PART MAND CHR	1-999	NONE		No
D5750	DENTURE RELN CMLPT MAX LAB	21-999	NONE		Yes (Over 20 years)
D5751	DENTURE RELN CMLPT MAND LAB	21-999	NONE		Yes (Over 20 years)
D5760	DENTURE RELN PART MAXIL LAB	21-999	NONE		Yes (Over 20 years)
D5761	DENTURE RELN PART MAND LAB	21-999	NONE		Yes (Over 20 years)
D5876	ADD METAL SUB TO ACRYLC DENT	0-999	NONE		Yes
D5951	FEEDING AID	0-20	NONE		No
D5952	PEDIATRIC SPEECH AID	0-19	NONE		No
D5993	MAIN/CLEAN MAX PROSTHESIS	0-20	NONE		No
D5999	MAXILLOFACIAL PROSTHESIS	0-999	NONE		Yes
D6081	SCALE & DEBRIDE, SINGLE IMP	0-999	NONE		No
D6096	REMOVE BROKEN IMP RET SCREW	0-999	NONE		No
D6930	RECEMENT/BOND PART DENTURE	1-20	NONE		No
D6980	FIXED PARTIAL REPAIR	1-20	NONE		No
D7111	EXTRACTION CORONAL REMNANTS	0-999	NONE		No
D7140	EXTRACTION ERUPTED TOOTH/EXR	0-999	NONE		No
D7210	REM IMP TOOTH W MUCOPER FLP	0-999	NONE		No
D7220	IMPACT TOOTH REMOV SOFT TISS	0-999	NONE		Yes
D7230	IMPACT TOOTH REMOV PART BONY	0-999	NONE		Yes
D7240	IMPACT TOOTH REMOV COMP BONY	0-999	NONE		Yes
D7241	IMPACT TOOTH REM BONY W/COMP	0-999	NONE		Yes
D7250	TOOTH ROOT REMOVAL	0-999	NONE		No
D7251	CORONECTOMY	0-999	NONE		Yes



Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D7260	ORAL ANTRAL FISTULA CLOSURE	0-999	NONE		No
D7261	PRIMARY CLOSURE SINUS PERF	0-999	NONE		No
D7270	TOOTH REIMPLANTATION	0-999	NONE		No
D7280	EXPOSURE OF UNERUPTED TOOTH	0-999	NONE		No
D7282	MOBILIZE ERUPTED/MALPOS TOOT	0-999	NONE		No
D7285	BIOPSY OF ORAL TISSUE HARD	0-999	NONE		No
D7286	BIOPSY OF ORAL TISSUE SOFT	0-999	NONE		No
D7288	BRUSH BIOPSY	0-999	NONE		No
D7295	BONE HARVEST,AUTO GRAFT PROC	0-999	NONE		No
D7296	CORTICOTOMY, 1-3 TEETH	0-20	NONE		Yes
D7297	CORTICOTOMY, 4 OR MORE TEETH	0-20	NONE		Yes
D7310	ALVEOPLASTY W/ EXTRACTION	0-999	NONE		No
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	0-999	NONE		No
D7320	ALVEOPLASTY W/O EXTRACTION	0-999	NONE		No
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	0-999	NONE		No
D7410	RAD EXC LESION UP TO 1.25 CM	0-999	NONE		No
D7411	EXCISION BENIGN LESION>1.25C	0-999	NONE		No
D7412	EXCISION BENIGN LESION COMPL	0-999	NONE		No
D7413	EXCISION MALIG LESION<=1.25C	0-999	NONE		No
D7414	EXCISION MALIG LESION>1.25CM	0-999	NONE		No
D7415	EXCISION MALIG LES COMPLICAT	0-999	NONE		No
D7440	MALIG TUMOR EXC TO 1.25 CM	0-999	NONE		No
D7441	MALIG TUMOR > 1.25 CM	0-999	NONE		No
D7450	REM ODONTOGEN CYST TO 1.25CM	0-999	NONE		No
D7451	REM ODONTOGEN CYST > 1.25 CM	0-999	NONE		No
D7460	REM NONODONTO CYST TO 1.25CM	0-999	NONE		No
D7461	REM NONODONTO CYST > 1.25 CM	0-999	NONE		No
D7471	REM EXOSTOSIS ANY SITE	0-999	NONE		No
D7472	REMOVAL OF TORUS PALATINUS	0-999	NONE		No
D7473	REMOVE TORUS MANDIBULARIS	0-999	NONE		No
D7485	SURG REDUCT OSSEOUSTUBEROSIT	0-999	NONE		No
D7510	I&D ABSC INTRAORAL SOFT TISS	0-999	NONE		No
D7511	INCISION/DRAIN ABSCESS INTRA	0-999	NONE		No
D7520	I&D ABSCESS EXTRAORAL	0-999	NONE		No
D7521	INCISION/DRAIN ABSCESS EXTRA	0-999	NONE		No
D7560	MAXILLARY SINUSOTOMY	0-999	NONE		No
D7610	MAXILLA OPEN REDUCT SIMPLE	0-999	NONE		No
D7620	CLSD REDUCT SIMPL MAXILLA FX	0-999	NONE		No
D7630	OPEN RED SIMPL MANDIBLE FX	0-999	NONE		No
D7640	CLSD RED SIMPL MANDIBLE FX	0-999	NONE		No
D7650	OPEN RED SIMP MALAR/ZYGOM FX	0-999	NONE		No
D7660	CLSD RED SIMP MALAR/ZYGOM FX	0-999	NONE		No
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	0-999	NONE		No
D7671	ALVEOLUS OPEN REDUCTION	0-999	NONE		No
D7680	REDUCT SIMPLE FACIAL BONE FX	0-999	NONE		No
D7710	MAXILLA OPEN REDUCT COMPOUND	0-999	NONE		No
D7720	CLSD REDUCT COMPD MAXILLA FX	0-999	NONE		No



Code	Description	Age Limits	Frequency Limit	Other Limits	Auth
D7730	OPEN REDUCT COMPD MANDBLE FX	0-999	NONE		No
D7740	CLSD REDUCT COMPD MANDBLE FX	0-999	NONE		No
D7750	OPEN RED COMP MALAR/ZYGMA FX	0-999	NONE		No
D7760	CLSD RED COMP MALAR/ZYGMA FX	0-999	NONE		No
D7770	OPEN REDUC COMPD ALVEOLUS FX	0-999	NONE		No
D7771	ALVEOLUS CLSD REDUC STBLZ TE	0-999	NONE		No
D7780	REDUCT COMPNF FACIAL BONE FX	0-999	NONE		No
D7810	TMJ OPEN REDUCT-DISLOCATION	0-999	NONE		No
D7820	CLOSED TMP MANIPULATION	0-999	NONE		No
D7910	DENT SUTUR RECENT WND TO 5CM	0-999	NONE		No
D7911	DENTAL SUTURE WOUND TO 5 CM	0-999	NONE		No
D7912	SUTURE COMPLICATE WND > 5 CM	0-999	NONE		No
D7961	buccal / labial frenectomy (frenulectomy)	0-999	NONE	D7961, D7962: 2 PER 1 DAYS	Yes
D7962	lingual frenectomy (frenulectomy)	0-999	NONE	D7961, D7962: 2 PER 1 DAYS	Yes
D7972	SURG REDCT FIBROUS TUBEROSIT	0-999	NONE		No
D7979	NON-SURGICAL SIALOLITHOTOMY	0-999	NONE		No
D7980	SURGICAL SIALOLITHOTOMY	0-999	NONE		No
D7982	SIALODOCHOPLASTY	0-999	NONE		No
D7983	CLOSURE OF SALIVARY FISTULA	0-999	NONE		No
D7999	ORAL SURGERY PROCEDURE	0-999	NONE		Yes
D8010	LIMITED DENTAL TX PRIMARY	1-20	NONE		Yes
D8020	LIMITED DENTAL TX TRANSITION	1-20	NONE		Yes
D8030	LIMITED DENTAL TX ADOLESCENT	1-20	NONE		Yes
D8040	LIMITED DENTAL TX ADULT	1-20	NONE		Yes
D8050	INTERCEP DENTAL TX PRIMARY	1-20	NONE		Yes
D8060	INTERCEP DENTAL TX TRANSITN	1-20	NONE		Yes
D8070	COMPRE DENTAL TX TRANSITION	1-20	NONE		Yes
D8080	COMPRE DENTAL TX ADOLESCENT	1-20	NONE		Yes
D8090	COMPRE DENTAL TX ADULT	1-20	NONE		Yes
D8210	ORTHODONTIC REM APPLIANCE TX	1-20	NONE		Yes
D8220	FIXED APPLIANCE THERAPY HABT	0-999	NONE		Yes
D9120	FIX PARTIAL DENTURE SECTION	0-999	NONE		Yes
D9222	DEEP ANEST, 1ST 15 MIN	0-20	1 PER 1 DAYS		Yes
D9223	GENERAL ANESTH EA ADDL 15 MI	0-20	NONE		Yes
D9230	ANALGESIA	0-20	1 PER 1 DAYS		No
D9239	IV MOD SEDATION, 1ST 15 MIN	0-20	1 PER 1 DAYS		Yes
D9243	IV SEDATION EA ADDL 15M	0-20	NONE		Yes
D9248	SEDATION (NON-IV)	0-20	1 PER 1 DAYS		No
D9920	BEHAVIOR MANAGEMENT	1-20	1 PER 1 DAYS		No

