

UnitedHealthcare Community Plan of Michigan Medicaid Dental Quick Reference Guide

Effective Jan. 1, 2026



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage.

To register for the Dental Hub, you will need information from a previously paid claim or the registration code included in the Welcome Letter. For additional assistance with the Dental Hub, contact Provider Services.



Prior authorization

UnitedHealthcare Dental Authorizations
P.O. Box 1484
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364
Salt Lake City, UT 84131



Provider services

Phone: **1-855-918-2265**

7 a.m. – 5 p.m. CST Monday–Friday (IVR: 24/7)

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



Claims

UnitedHealthcare Dental Claims
P.O. Box 1317
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 1337
Milwaukee, WI 53201

Corrected claims

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

Claims may be submitted electronically through your clearinghouse, the provider portal, or by mail.

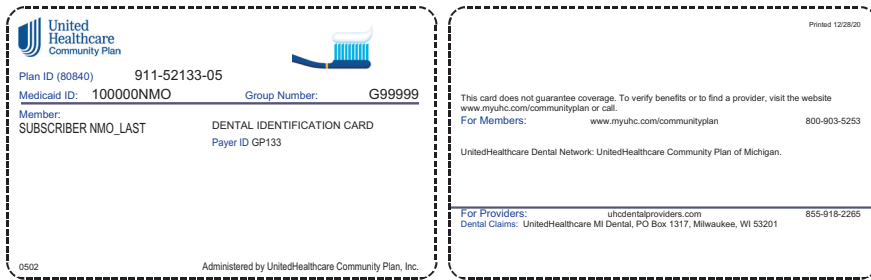
Important notes

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 call our Provider Services toll free number.



**Dental Benefit
Providers®**

Sample member ID cards



Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements; therefore, this Grid is subject to change. For the most updated member benefits, exclusions, and limitations please visit our website at UHCdental.com/medicaid.

Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D0120	Periodic Oral Exam	19-999	1 per 6 months		No	N/A
D0140	Limited Oral Evaluation - Problem Focused	19-999	2 per 1 month		No	N/A
D0150	Comprehensive Oral Evaluation - New Or Established Patient	19-999	1 per 6 months		No	N/A
D0180	Comprehensive periodontal evaluation	19-999	1 per floating year		No	N/A
D0191	Assessment Of A Patient	19-999	1 per 6 months		No	N/A
D0210	Intraoral - Comprehensive Series of Radiographic Images	19-999	1 per 5 floating years		No	N/A
D0220	Intraoral - Periapical First Radiographic Image	19-999	4 per 1 month		No	N/A
D0230	Intraoral - Periapical Each Additional Image	19-999	12 per 1 floating years		No	N/A
D0240	Intraoral - Occlusal Radiographic Image	19-21	2 per 3 floating years		No	N/A
D0270	Bitewing - Single Radiographic Image	19-999	1 per 12 months		No	N/A
D0272	Bitewings - Two Radiographic Images	19-999	1 per 12 months		No	N/A
D0273	Bitewings - Three Radiographic Images	19-999	1 per 12 months		No	N/A
D0274	Bitewings - Four Radiographic Images	19-999	1 per 12 months		No	N/A
D0330	Panoramic Radiographic Image	19-999	1 per 5 floating years		No	N/A
D1110	Prophylaxis - Adult	19-999	1 per 6 months		No	N/A
D1206	Topical Application Of Fluoride Varnish	19-21	1 per 6 months		No	N/A
D1208	Topical Application of Fluoride	19-21	1 per 6 months		No	N/A
D1351	Sealant - Per Tooth	19-999	1 per 3 floating years	Tooth: 2-5,12-15,18-21, 28-31, A, B, I, J, K, L, S, T	No	N/A



Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D1354	Interim Caries Arresting Medicament Application - per tooth	19-999	1 per 1 day	Tooth: 01-32, A-T	No	N/A
D2140	Amalgam - One Surface, Primary Or Permanent	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2150	Amalgam - Two Surfaces, Primary Or Permanent	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2160	Amalgam - Three Surfaces, Primary Or Permanent	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2330	Resin-Based Composite - One Surface, Anterior	19-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2331	Resin-Based Composite - Two Surfaces, Anterior	19-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2332	Resin-Based Composite - Three Surfaces, Anterior	19-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	19-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2390	Resin-Based Composite Crown, Anterior	19-999	1 per 5 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2391	Resin-Based Composite - One Surface, Posterior	19-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2392	Resin-Based Composite - Two Surfaces, Posterior	19-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2393	Resin-Based Composite - Three Surfaces, Posterior	19-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	19-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2710	Crown - Resin-Based Composite (Indirect)	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2722	Crown - Resin With Noble Metal	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2740	Crown - Porcelain/Ceramic	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2750	Crown - Porcelain Fused To High Noble Metal	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2751	Crown - Porcelain Fused To Predominantly Base Metal	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2752	Crown - Porcelain Fused To Noble Metal	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	19-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2780	Crown - 3/4 Cast High Noble Metal	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2781	Crown - 3/4 Cast Predominantly Base Metal	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2782	Crown - 3/4 Cast Noble Metal	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2783	Crown - 3/4 Porcelain/Ceramic	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2790	Crown - Full Cast High Noble Metal	19-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2791	Crown - Full Cast Predominantly Base Metal	19-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2792	Crown - Full Cast Noble Metal	19-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2794	crown - titanium and titanium alloys	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	19-999	1 per 6 months	Tooth: 01-32	No	N/A
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre- Fabricated Post and Core	19-21	1 per 6 months	Tooth: 01-32	No	N/A



Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D2920	Re-Cement or Re-Bond Crown	19-999	1 per 6 months	Tooth: 01-32, A-T	No	N/A
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	19-21	1 per 2 floating years	Tooth: A-T	No	N/A
D2931	prefabricated stainless steel crown - permanent tooth	19-21	1 per 2 floating years	Tooth: 01-32	No	N/A
D2933	Prefabricated Stainless Steel Crown With Resin Window	19-21	1 per 2 floating years	Tooth: C-H, M-R	No	N/A
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	19-21	1 per 2 floating years	Tooth: A-T	No	N/A
D2940	Protective Restoration	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2950	Core Buildup, Including Any Pins When Required	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2951	Pin Retention - Per Tooth, In Addition To Restoration	19-999	1 per 2 floating years	Tooth: 01-32	No	N/A
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	19-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2954	Prefabricated Post And Core In Addition To Crown	19-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2999	Unspecified Restorative Procedure, By Report	19-999			Yes	Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs
D3110	Pulp Cap - Direct (Excluding Final Restoration)	19-21	1 per lifetime	Tooth: 01-32, A-T	No	N/A
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	19-21	1 per lifetime	Tooth: 01-32	No	N/A
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	19-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	19-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	19-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	19-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	19-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3348	Retreatment Of Previous Root Canal Therapy - Molar	19-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3410	Apicoectomy - Anterior	19-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3421	Apicoectomy - Premolar (First Root)	19-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3425	Apicoectomy - Molar (First Root)	19-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3426	Apicoectomy - Each Additional Root)	19-999	1 per lifetime	Tooth: 01-05, 12-21, 28-32	No	N/A
D3430	Retrograde Filling - Per Root	19-999	1 per lifetime	Tooth: 01-32	No	N/A
D3999	Unspecified Endodontic Procedure, By Report	19-999		Tooth: 01-32, A-T	Yes	Date of service and Narrative including Reason treatment was not completed
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	19-999	1 per code every 2 years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	19-999	1 per code every 2 years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays



Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D4346	Scaling in moderate or severe gingival inflammation	19-999	1 per 6 months		No	N/A
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	19-999	1 per floating year		No	N/A
D4910	Periodontal Maintenance	19-999	1 per 6 months		No	N/A
D5110	Complete Denture - Maxillary	19-999	1 per 5 floating years		No	N/A
D5120	Complete Denture - Mandibular	19-999	1 per 5 floating years		No	N/A
D5130	Immediate Denture - Maxillary	19-999	1 per 5 floating years		No	N/A
D5140	Immediate Denture - Mandibular	19-999	1 per 5 floating years		No	N/A
D5211	Maxillary Partial Denture - Resin Base	19-999	1 per 5 floating years		No	N/A
D5212	Mandibular Partial Denture - Resin Base	19-999	1 per 5 floating years		No	N/A
D5213	maxillary partial denture - cast metal framework with resin denture bases	19-999	1 per 5 floating years		No	N/A
D5214	mandibular partial denture - cast metal framework with resin denture bases	19-999	1 per 5 floating years		No	N/A
D5225	maxillary partial denture - flexible base (including any retentive clasping mate	19-999	1 per 5 floating years		No	N/A
D5226	mandibular partial denture - flexible base (including any retentive clasping mat	19-999	1 per 5 floating years		No	N/A
D5410	Adjust Complete Denture - Maxillary	19-999	2 per 1 floating years		No	N/A
D5411	Adjust Complete Denture - Mandibular	19-999	2 per 1 floating years		No	N/A
D5421	Adjust Partial Denture - Maxillary	19-999	2 per 1 floating years		No	N/A
D5422	Adjust Partial Denture - Mandibular	19-999	2 per 1 floating years		No	N/A
D5511	Repair Broken Complete Denture Base - Mandibular	19-999	2 per 1 floating years		No	N/A
D5512	Repair Broken Complete Denture Base - Maxillary	19-999	2 per 1 floating years		No	N/A
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	19-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5611	Repair Resin Partial Denture Base - Mandibular	19-999	2 per 1 floating years		No	N/A
D5612	Repair Resin Partial Denture Base - Maxillary	19-999	2 per 1 floating years		No	N/A
D5621	Repair Cast Partial Framework - Mandibular	19-999	2 per 1 floating years		No	N/A
D5622	Repair Cast Partial Framework - Maxillary	19-999	2 per 1 floating years		No	N/A
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	19-999	2 per 1 floating years	Tooth: 01-32, A-T	No	N/A
D5640	Replace Broken Teeth - Per Tooth	19-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5650	Add Tooth To Existing Partial Denture	19-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5660	Add Clasp To Existing Partial Denture - Per Tooth	19-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5710	Rebase Complete Maxillary Denture	19-999	1 per 2 floating years		No	N/A
D5711	Rebase Complete Mandibular Denture	19-999	1 per 2 floating years		No	N/A
D5720	Rebase Maxillary Partial Denture	19-999	1 per 2 floating years		No	N/A
D5721	Rebase Mandibular Partial Denture	19-999	1 per 2 floating years		No	N/A
D5730	reline complete maxillary denture (direct)	19-999	1 per 2 floating years		No	N/A
D5731	reline complete mandibular denture (direct)	19-999	1 per 2 floating years		No	N/A
D5740	reline maxillary partial denture (direct)	19-999	1 per 2 floating years		No	N/A
D5741	reline mandibular partial denture (direct)	19-999	1 per 2 floating years		No	N/A
D5750	reline complete maxillary denture (indirect)	19-999	1 per 2 floating years		No	N/A



Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D5751	reline complete mandibular denture (indirect)	19-999	1 per 2 floating years		No	N/A
D5760	reline maxillary partial denture (indirect)	19-999	1 per 2 floating years		No	N/A
D5761	reline mandibular partial denture (indirect)	19-999	1 per 2 floating years		No	N/A
D5899	Unspecified Removable Prosthodontic Procedure, By Report	19-999		Arch: LA, UA	Yes	Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	19-999		Tooth: 01-32	No	N/A
D7111	Extraction, Coronal Remnants - PrimaryTooth	19-21	1 per lifetime	Tooth: AS-TS, A-T	No	N/A
D7140	Extraction, Erupted Tooth Or Exposed Root	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7210	Extraction, Erupted Tooth	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7220	Removal Of Impacted Tooth - Soft Tissue	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7230	Removal Of Impacted Tooth - Partially Bony	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7240	Removal Of Impacted Tooth - Completely Bony	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7250	Removal Of Residual Tooth (Cutting Procedure)	19-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7260	Oroantral Fistula Closure	19-999	1 per lifetime		No	N/A
D7261	Primary Closure Of Sinus Perforation	19-999	1 per lifetime		No	N/A
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	19-21	1 per lifetime	Tooth: 01-32	No	N/A
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	19-999	1 per lifetime	Quadrant: LL, LR, UL, UR	No	N/A
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	19-999	1 per 5 floating years	Quadrant: LL, LR, UL, UR	No	N/A
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	19-999	1 per lifetime	Arch: LA, UA	No	N/A
D7472	Removal Of Torus Palatinus	19-999	1 per lifetime		No	N/A
D7473	Removal Of Torus Mandibularis	19-999	1 per lifetime		No	N/A
D7485	Reduction Of Osseous Tuberosity	19-999	1 per lifetime		No	N/A
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	19-999	1 per day per tooth		No	N/A
D7970	Excision Of Hyperplastic Tissue - Per Arch	19-999	1 per 2 floating years	Arch: LA, UA	No	N/A
D7971	Excision Of Pericoronal Gingiva	19-999	1 per 2 floating years	Tooth: 01-32	No	N/A
D7972	Surgical Reduction Of Fibrous Tuberosity	19-999	1 per 2 floating years		No	N/A
D7999	Unspecified Oral Surgery Procedure, By Report	19-999			Yes	Narrative of medical necessity
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	19-21	1 per 1 day		No	N/A
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	19-999	1 per 1 day		No	N/A
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	19-999			No	N/A
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	19-999	1 per 1 day		No	N/A
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	19-999			No	N/A
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	19-999			No	N/A
D9420	Hospital Or Ambulatory Surgical Center Call	19-999	1 per 6 months		No	N/A



Michigan Medicaid benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	19-999	1 per 1 day		No	N/A
D9995	Teledentistry - Synchronous; Real-Time Encounter	19-999	2 per floating year			
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	19-999	2 per floating year			
D9999	Unspecified Adjunctive Procedure, By Report	19-999			Yes	Narrative of medical necessity

MI Integrated HIDE SNP benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D0120	Periodic Oral Exam	21-999	1 per 6 months		No	N/A
D0140	Limited Oral Evaluation - Problem Focused	21-999	2 per 1 month		No	N/A
D0150	Comprehensive Oral Evaluation - New Or Established Patient	21-999	1 per 6 months		No	N/A
D0180	Comprehensive periodontal evaluation	21-999	1 per floating year		No	N/A
D0191	Assessment Of A Patient	21-999	1 per 6 months		No	N/A
D0210	Intraoral - Comprehensive Series of Radiographic Images	21-999	1 per 5 floating years		No	N/A
D0220	Intraoral - Periapical First Radiographic Image	21-999	4 per 1 month		No	N/A
D0230	Intraoral - Periapical Each Additional Image	21-999	12 per 1 floating years		No	N/A
D0240	Intraoral - Occlusal Radiographic Image	21	2 per 3 floating years		No	N/A
D0270	Bitewing - Single Radiographic Image	21-999	1 per 12 months		No	N/A
D0272	Bitewings - Two Radiographic Images	21-999	1 per 12 months		No	N/A
D0273	Bitewings - Three Radiographic Images	21-999	1 per 12 months		No	N/A
D0274	Bitewings - Four Radiographic Images	21-999	1 per 12 months		No	N/A
D0330	Panoramic Radiographic Image	21-999	1 per 5 floating years		No	N/A
D1110	Prophylaxis - Adult	21-999	1 per 6 months		No	N/A
D1206	Topical Application Of Fluoride Varnish	21	1 per 6 months		No	N/A
D1208	Topical Application of Fluoride	21	1 per 6 months		No	N/A
D1351	Sealant - Per Tooth	21-999	1 per 3 floating years	Tooth: 2-5,12-15,18-21, 28-31, A, B, I, J, K, L, S, T	No	N/A
D1354	Interim Caries Arresting Medicament Application - per tooth	21-999	1 per 1 day	Tooth: 01-32, A-T	No	N/A
D2140	Amalgam - One Surface, Primary Or Permanent	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2150	Amalgam - Two Surfaces, Primary Or Permanent	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2160	Amalgam - Three Surfaces, Primary Or Permanent	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2330	Resin-Based Composite - One Surface, Anterior	21-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2331	Resin-Based Composite - Two Surfaces, Anterior	21-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2332	Resin-Based Composite - Three Surfaces, Anterior	21-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A



MI Integrated HIDE SNP benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	21-999	1 per 2 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2390	Resin-Based Composite Crown, Anterior	21-999	1 per 5 floating years	Tooth: 06-11, 22-27, C-H, M-R	No	N/A
D2391	Resin-Based Composite - One Surface, Posterior	21-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2392	Resin-Based Composite - Two Surfaces, Posterior	21-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2393	Resin-Based Composite - Three Surfaces, Posterior	21-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	21-999	1 per 2 floating years	Tooth: 01-05, 12-21, 28-32, A-B, I-L, S-T	No	N/A
D2710	Crown - Resin-Based Composite (Indirect)	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2722	Crown - Resin With Noble Metal	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2740	Crown - Porcelain/Ceramic	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2750	Crown - Porcelain Fused To High Noble Metal	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2751	Crown - Porcelain Fused To Predominantly Base Metal	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2752	Crown - Porcelain Fused To Noble Metal	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	21-999	1 per 5 floating years	Tooth: 04-13, 20-29	No	N/A
D2780	Crown - 3/4 Cast High Noble Metal	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2781	Crown - 3/4 Cast Predominantly Base Metal	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2782	Crown - 3/4 Cast Noble Metal	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2783	Crown - 3/4 Porcelain/Ceramic	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2790	Crown - Full Cast High Noble Metal	21-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2791	Crown - Full Cast Predominantly Base Metal	21-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2792	Crown - Full Cast Noble Metal	21-999	1 per 5 floating years	Tooth: 02-03, 14-15, 18-19, 30-31	No	N/A
D2794	crown - titanium and titanium alloys	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	21-999	1 per 6 months	Tooth: 01-32	No	N/A
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	21	1 per 6 months	Tooth: 01-32	No	N/A
D2920	Re-Cement or Re-Bond Crown	21-999	1 per 6 months	Tooth: 01-32, A-T	No	N/A
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	21	1 per 2 floating years	Tooth: A-T	No	N/A
D2931	prefabricated stainless steel crown - permanent tooth	21	1 per 2 floating years	Tooth: 01-32	No	N/A
D2933	Prefabricated Stainless Steel Crown With Resin Window	21	1 per 2 floating years	Tooth: C-H, M-R	No	N/A
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	21	1 per 2 floating years	Tooth: A-T	No	N/A
D2940	Protective Restoration	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2950	Core Buildup, Including Any Pins When Required	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2951	Pin Retention - Per Tooth, In Addition To Restoration	21-999	1 per 2 floating years	Tooth: 01-32	No	N/A



MI Integrated HIDE SNP benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	21-999	1 per 5 floating years	Tooth: 01-32	No	N/A
D2954	Prefabricated Post And Core In Addition To Crown	21-999	1 per 2 floating years	Tooth: 01-32, A-T	No	N/A
D2999	Unspecified Restorative Procedure, By Report	21-999			Yes	Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs
D3110	Pulp Cap - Direct (Excluding Final Restoration)	21	1 per lifetime	Tooth: 01-32, A-T	No	N/A
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	21	1 per lifetime	Tooth: 01-32	No	N/A
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	21-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	21-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	21-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	21-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	21-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3348	Retreatment Of Previous Root Canal Therapy - Molar	21-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3410	Apicoectomy - Anterior	21-999	1 per lifetime	Tooth: 06-11, 22-27	No	N/A
D3421	Apicoectomy - Premolar (First Root)	21-999	1 per lifetime	Tooth: 04-05, 12-13, 20-21, 28-29	No	N/A
D3425	Apicoectomy - Molar (First Root)	21-999	1 per lifetime	Tooth: 01-03, 14-19, 30-32	No	N/A
D3426	Apicoectomy - Each Additional Root	21-999	1 per lifetime	Tooth: 01-05, 12-21, 28-32	No	N/A
D3430	Retrograde Filling - Per Root	21-999	1 per lifetime	Tooth: 01-32	No	N/A
D3999	Unspecified Endodontic Procedure, By Report	21-999		Tooth: 01-32, A-T	Yes	Date of service and Narrative including Reason treatment was not completed
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	21-999	1 per code every 2 years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	21-999	1 per code every 2 years	Quadrant: LL, LR, UL, UR	Yes	Periodontal charting and pre-op x-rays
D4346	Scaling in moderate or severe gingival inflammation	21-999	1 per 6 months		No	N/A
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	21-999	1 per floating year		No	N/A
D4910	Periodontal Maintenance	21-999	1 per 6 months		No	N/A
D5110	Complete Denture - Maxillary	21-999	1 per 5 floating years		No	N/A
D5120	Complete Denture - Mandibular	21-999	1 per 5 floating years		No	N/A
D5130	Immediate Denture - Maxillary	21-999	1 per 5 floating years		No	N/A
D5140	Immediate Denture - Mandibular	21-999	1 per 5 floating years		No	N/A
D5211	Maxillary Partial Denture - Resin Base	21-999	1 per 5 floating years		No	N/A
D5212	Mandibular Partial Denture - Resin Base	21-999	1 per 5 floating years		No	N/A



MI Integrated HIDE SNP benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D5213	maxillary partial denture - cast metal framework with resin denture bases	21-999	1 per 5 floating years		No	N/A
D5214	mandibular partial denture - cast metal framework with resin denture bases	21-999	1 per 5 floating years		No	N/A
D5225	maxillary partial denture - flexible base (including any retentive clasping mate	21-999	1 per 5 floating years		No	N/A
D5226	mandibular partial denture - flexible base (including any retentive clasping mat	21-999	1 per 5 floating years		No	N/A
D5410	Adjust Complete Denture - Maxillary	21-999	2 per 1 floating years		No	N/A
D5411	Adjust Complete Denture - Mandibular	21-999	2 per 1 floating years		No	N/A
D5421	Adjust Partial Denture - Maxillary	21-999	2 per 1 floating years		No	N/A
D5422	Adjust Partial Denture - Mandibular	21-999	2 per 1 floating years		No	N/A
D5511	Repair Broken Complete Denture Base - Mandibular	21-999	2 per 1 floating years		No	N/A
D5512	Repair Broken Complete Denture Base - Maxillary	21-999	2 per 1 floating years		No	N/A
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	21-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5611	Repair Resin Partial Denture Base - Mandibular	21-999	2 per 1 floating years		No	N/A
D5612	Repair Resin Partial Denture Base - Maxillary	21-999	2 per 1 floating years		No	N/A
D5621	Repair Cast Partial Framework - Mandibular	21-999	2 per 1 floating years		No	N/A
D5622	Repair Cast Partial Framework - Maxillary	21-999	2 per 1 floating years		No	N/A
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	21-999	2 per 1 floating years	Tooth: 01-32, A-T	No	N/A
D5640	Replace Broken Teeth - Per Tooth	21-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5650	Add Tooth To Existing Partial Denture	21-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5660	Add Clasp To Existing Partial Denture - Per Tooth	21-999	2 per 1 floating years	Tooth: 01-32	No	N/A
D5710	Rebase Complete Maxillary Denture	21-999	1 per 2 floating years		No	N/A
D5711	Rebase Complete Mandibular Denture	21-999	1 per 2 floating years		No	N/A
D5720	Rebase Maxillary Partial Denture	21-999	1 per 2 floating years		No	N/A
D5721	Rebase Mandibular Partial Denture	21-999	1 per 2 floating years		No	N/A
D5730	reline complete maxillary denture (direct)	21-999	1 per 2 floating years		No	N/A
D5731	reline complete mandibular denture (direct)	21-999	1 per 2 floating years		No	N/A
D5740	reline maxillary partial denture (direct)	21-999	1 per 2 floating years		No	N/A
D5741	reline mandibular partial denture (direct)	21-999	1 per 2 floating years		No	N/A
D5750	reline complete maxillary denture (indirect)	21-999	1 per 2 floating years		No	N/A
D5751	reline complete mandibular denture (indirect)	21-999	1 per 2 floating years		No	N/A
D5760	reline maxillary partial denture (indirect)	21-999	1 per 2 floating years		No	N/A
D5761	reline mandibular partial denture (indirect)	21-999	1 per 2 floating years		No	N/A
D5899	Unspecified Removable Prosthodontic Procedure, By Report	21-999		Arch: LA, UA	Yes	Narrative including DOS & reason for incompl. tx, Itemized Invoice of lab costs
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	21-999		Tooth: 01-32	No	N/A
D7111	Extraction, Coronal Remnants - PrimaryTooth	21	1 per lifetime	Tooth: AS-TS, A-T	No	N/A
D7140	Extraction, Erupted Tooth Or Exposed Root	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7210	Extraction, Erupted Tooth	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A



MI Integrated HIDE SNP benefit grid

Code	Description	Age limits	Frequency/limitation	Other limitation	Auth required?	Required documents
D7220	Removal Of Impacted Tooth - Soft Tissue	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7230	Removal Of Impacted Tooth - Partially Bony	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7240	Removal Of Impacted Tooth - Completely Bony	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7250	Removal Of Residual Tooth (Cutting Procedure)	21-999	1 per lifetime	Tooth: 01-32, 51-82, A-TS	No	N/A
D7260	Oroantral Fistula Closure	21-999	1 per lifetime		No	N/A
D7261	Primary Closure Of Sinus Perforation	21-999	1 per lifetime		No	N/A
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	21	1 per lifetime	Tooth: 01-32	No	N/A
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	21-999	1 per lifetime	Quadrant: LL, LR, UL, UR	No	N/A
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	21-999	1 per 5 floating years	Quadrant: LL, LR, UL, UR	No	N/A
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	21-999	1 per lifetime	Arch: LA, UA	No	N/A
D7472	Removal Of Torus Palatinus	21-999	1 per lifetime		No	N/A
D7473	Removal Of Torus Mandibularis	21-999	1 per lifetime		No	N/A
D7485	Reduction Of Osseous Tuberosity	21-999	1 per lifetime		No	N/A
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	21-999	1 per day per tooth		No	N/A
D7970	Excision Of Hyperplastic Tissue - Per Arch	21-999	1 per 2 floating years	Arch: LA, UA	No	N/A
D7971	Excision Of Pericoronal Gingiva	21-999	1 per 2 floating years	Tooth: 01-32	No	N/A
D7972	Surgical Reduction Of Fibrous Tuberosity	21-999	1 per 2 floating years		No	N/A
D7999	Unspecified Oral Surgery Procedure, By Report	21-999			Yes	Narrative of medical necessity
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	21	1 per 1 day		No	N/A
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	21-999	1 per 1 day		No	N/A
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	21-999			No	N/A
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	21-999	1 per 1 day		No	N/A
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	21-999			No	N/A
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	21-999			No	N/A
D9420	Hospital Or Ambulatory Surgical Center Call	21-999	1 per 6 months		No	N/A
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	21-999	1 per 1 day		No	N/A
D9995	Teledentistry - Synchronous; Real-Time Encounter	21-999	2 per floating year		No	N/A
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	21-999	2 per floating year		No	N/A
D9999	Unspecified Adjunctive Procedure, By Report	21-999			Yes	Narrative of medical necessity



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