



## Staywell FL Adult Medicaid Plan Benefits

**The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.  
If elected, Member is responsible for non-covered services**

Code	Description	Limitations	Auth Required	Documentation-X-rays required
<b>Diagnostic Services</b>				
D0120	Periodic oral evaluation	1 per 12 month period	N	
D0140	Limited oral evaluation		N	
D0150	Comprehensive oral evaluation	1 per 36 month period per provider	N	
D0210	Intraoral, complete series of radiographic images	1 per 12 month period	N	Requires a minimum of 12 periapical radiographs
D0220	Intraoral, periapical, first radiographic image		N	
D0230	Intraoral, periapical, each add 'l radiographic image	Payable up to 5 units per date of service	N	
D0240	Intraoral, occlusal radiographic image	Payable up to 2 units per date of service	N	
D0272	Bitewings, two radiographic images	1 per 12 month period	N	
D0290	Posterior-anterior, lateral skull & facial bone survey		N	
D0330	Panoramic radiographic image	1 per 36 month period	N	
<b>Preventive Services</b>				
D1110	Prophylaxis, adult	2 per 12 month period	N	
D1330	Oral hygiene instructions	1 per 12 month period	N	Includes nutritional counseling
<b>Removable Prosthodontic Services</b>				
D5110	Complete denture, maxillary	1 per arch per lifetime-with exception Replacement of a lost denture is not covered.	Y	For replacement dentures: submit prior placement date of original denture and narrative of medical necessity required. Replacement of a lost denture is not covered.
D5120	Complete denture, mandibular		Y	
D5211	Maxillary partial denture, resin base		Y	Pre-authorization and x-rays required
D5212	Mandibular partial denture, resin base		Y	
D5213	Maxillary partial denture, cast metal, resin base		Y	
D5214	Mandibular partial denture, cast metal, resin base		Y	



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Code	Description	Limitations	Auth Required	Documentation-X-rays required
<b>Removable Prosthodontic Services (Continued)</b>				
D5410	Adjust complete denture, maxillary	1 per arch per 12 month period	N	Narrative required w/ claim submission. No additional payment is allowed within 6 months of delivery date
D5411	Adjust complete denture, mandibular		N	
D5421	Adjust partial denture, maxillary		N	
D5422	Adjust partial denture, mandibular		N	
D5510	Repair broken complete denture base		N	Narrative required w/ claim submission. No additional payment is allowed within 6 months of delivery date
D5520	Replace missing or broken teeth, complete denture		N	
D5610	Repair resin denture base		N	
D5620	Repair cast framework		N	
D5630	Repair or replace broken clasp, per tooth		N	
D5640	Replace broken teeth, per tooth		N	
D5650	Add tooth to existing partial denture		N	
D5660	Add clasp to existing partial denture, per tooth		N	
D5730	Reline complete maxillary denture, chairside	1 per arch per 12 month period	N	Narrative required w/ claim submission. No additional payment is allowed within 6 months of delivery date
D5731	Reline complete mandibular denture, chairside		N	
D5740	Reline maxillary partial denture, chairside		N	
D5741	Reline mandibular partial denture, chairside		N	
D5750	Reline complete maxillary denture, laboratory		N	
D5751	Reline complete mandibular denture, laboratory		N	
D5760	Reline maxillary partial denture, laboratory		N	
D5761	Reline mandibular partial denture, laboratory		N	
<b>Oral Surgery Services</b>				
<b>Pre-authorization, x-rays, narrative required for extractions of third molars</b>				
D7140	Extraction, erupted tooth or exposed root	Prophylactic extractions of asymptomatic impacted or erupted teeth is not a covered benefit	Yes, for 3rd molar extractions	Third Molar Extractions require Pre-Treatment Approval. All other non-third molar exactions require pre-treatment radiographs with submission of claim
D7210	Surgical removal of erupted tooth			
D7220	Removal of impacted tooth, soft tissue			
D7230	Removal of impacted tooth, partially bony			
D7240	Removal of impacted tooth, completely bony			
D7241	Removal impacted tooth, complete bony, complication			
D7250	Surgical removal residual tooth roots, cutting procedure			



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Code	Description	Limitations	Auth Required	Documentation-X-rays required
<b>Oral Surgery Services (Continued)</b>				
D7260	Oroantral fistula closure	Covered only when medically necessary or denture related	Y	X-rays and Narrative required with claim. Subject to pre-payment review.
D7261	Primary closure of a sinus perforation		Y	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 per lifetime per quadrant	Y	Pre-authorization required. D7310 is only payable in preparation of full dentures. Pre-op x-rays and/or narrative required
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant		Y	
D7472	Removal of torus palatinus	1 per lifetime per area/quadrant	Y	Pre-authorization, narrative and restorative/prosthetic treatment plan
D7473	Removal of torus mandibularis	1 per lifetime per area/quadrant	Y	Pre-authorization, narrative and restorative/prosthetic treatment plan
D7510	Incision & drainage of abscess, intraoral soft tissue		N	Not payable on same day as extraction
D7520	Incision & drainage of abscess, extraoral soft tissue		N	
D7970	Excision of hyperplastic tissue, per arch		N	Not allowed in conjunction with D7310 or D7320
<b>Adjunctive General Services</b>				
D9223	Deep sedation/general anesthesia, each 15 minute increment	A total of 3 occurrences of either D9223 and/or D9243 per 366 days. Limited to 5 units per date of service and a total of 15 units in 366 days.	Y	Pre-authorization, narrative and case guidelines and qualifications required. Not payable in conjunction with nitrous oxide (D9230)
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	3 per 366 days	N	Not payable in conjunction with sedation codes D9223 and D9243
D9243	Intravenous moderate (conscious) sedation/analgesia, each 15 minute increment	A total of 3 occurrences of either D9223 and/or D9243 per 366 days. Limited to 5 units per date of service and a total of 15 units in 366 days.	Y	Pre-authorization, narrative and case guidelines and qualifications required
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	3 per 366 days	N	
D9420	Hospital or ambulatory surgical center call		Y	Pre-authorization and narrative required
D9430	Office visit, observation, regular hours, no other services		N	