



Staywell FL Child Medicaid Plan Benefits

The following is a complete list of dental procedures for which benefits are payable under this Plan. For beneficiaries under age 21, additional coverage may be available with documentation of medical necessity. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.

CODE	DESCRIPTION	LIMITATIONS	AUTH REQ.	DOCUMENTATION/X-RAYS REQ.
Diagnostic Services				
D0120	Periodic oral evaluation	1 D0120 or D0145 per 6 month period	N	
D0140	Limited oral evaluation		N	
D0145	Oral evaluation under age 3	1 D0120 or D0145 per 6 month period	N	
D0150	Comprehensive oral evaluation	1 per 36 month period per provider	N	
D0190	Screening of a patient	1 per calendar year	N	Only payable in a school based or mobile setting; Not payable same day as D0120-D0180 or any other evaluation code.
D0191	Assessment of a patient	1 per calendar year	N	Only payable in a school based or mobile setting; Not payable same day as D0120-D0180 or any other evaluation code.
D0210	Intraoral, complete series of radiographic images	1 complete series x-rays or panoramic image per 36 months	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	
D0250	Extra-oral 2D projection radiographic image, stationary radiation source		N	
D0251	Extra-oral posterior dental radiographic image		N	
D0270	Bitewing, single radiographic image	1 series per 6 month period	N	
D0272	Bitewings, two radiographic images		N	
D0274	Bitewings, four radiographic images		N	
D0290	Posterior-anterior, lateral skull & facial bone survey		N	
D0330	Panoramic radiographic image	1 complete series x-rays or panoramic image per 36 month period	N	
D0340	2D cephalometric radiographic image, measurement and analysis	In conjunction with orthodontic coverage	N	
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 unit per day, only when diagnostic-quality radiographic images cannot be taken	N	
D0470	Diagnostic casts	In conjunction with orthodontic coverage	N	
Preventive Services				
D1110	Prophylaxis, adult	1 per 6 month period	N	
D1120	Prophylaxis, child		N	
D1206	Topical application of fluoride varnish	1 per 3 month period age 0-6	N	
D1208	Topical application of fluoride, excluding varnish	1 per 6 month period age 6 and above	N	
D1330	Oral hygiene instruction	1 per 6 month period	N	Includes nutritional counseling
D1351	Sealant, per tooth	1 per tooth per 36 month period limited to 1st & 2nd molar only	N	Surface must be caries free with no restoration or previous sealant present
D1510	Space maintainer, fixed, unilateral	Space to be maintained more than 6 months	N	Narrative required w/ submission of claim. May be reimbursed for necessary maintenance of a posterior space for a permanent successor to a prematurely lost deciduous tooth
D1515	Space maintainer, fixed, bilateral	Space to be maintained more than 6 months		
D1550	Re-cement or re-bond space maintainer			
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	1 per surface per tooth per 36 month period (includes D2140-D2335 and D2391-D2394)	N	
D2150	Amalgam, two surfaces, primary or permanent			
D2160	Amalgam, three surfaces, primary or permanent			
D2161	Amalgam, four or more surfaces, primary or permanent			



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Restorative Services (Continued)				
D2330	Resin-based composite, one surface, anterior	1 per surface per tooth per 36 month period (includes D2140-D2335 and D2391-D2394)	N	
D2331	Resin-based composite, two surfaces, anterior			
D2332	Resin-based composite, three surfaces, anterior			
D2335	Resin-based composite, four or more surfaces, involving incisal angle			
D2390	Resin-based composite crown, anterior	1 per tooth per 36 month period	See Documentation	Children 6 and older require pre-authorization, except when pulpotomy (D3220) or pulpal therapy (D3230) has been rendered on the same day
D2391	Resin-based composite, one surface, posterior	1 per surface per tooth per 36 month period (includes D2140-D2335 and D2391-D2394)	N	
D2392	Resin-based composite, two surfaces, posterior			
D2393	Resin-based composite, three surfaces, posterior			
D2394	Resin-based composite, four or more surfaces, posterior			
D2710	Crown, resin-based composite (indirect)	Crowns are covered only if the tooth is endodontically treated, and cannot be restored with an amalgam or resin restoration	Y	Pre-authorization, x-rays, and narrative required
D2721	Crown, resin with predominantly base metal			
D2740	Crown, porcelain/ceramic substrate			
D2751	Crown, porcelain fused to predominantly base metal			
D2920	Re-cement or re-bond crown	Not payable within 6 month period of initial placement	N	
D2930	Prefabricated stainless steel crown, primary tooth		See Documentation	Pre-Authorization is required for members age 6 and over, except when pulpotomy (D3220) or pulpal therapy (D3230 or D3240) has been rendered on the same day
D2931	Prefabricated stainless steel crown, permanent tooth		See Documentation	
D2932	Prefabricated resin crown		See Documentation	
D2933	Prefabricated stainless steel crown with resin window		See Documentation	
D2940	Protective restoration	Not payable in conjunction with other restorative procedures on the same tooth	N	
D2950	Core buildup, including any pins when required		N	Considered inclusive with crown. Separate fee may be allowed when submitted with supporting documentation
D2951	Pin retention, per tooth, in addition to restoration		N	
D2954	Prefabricated post and core in addition to crown		N	
Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)		N	Pre-op x-rays required. Subject to Pre-Payment review
D3120	Pulp cap, indirect (excluding final restoration)			
D3220	Therapeutic pulpotomy (excluding final restoration)			
D3221	Pulpal debridement, primary and permanent teeth	Not payable in conjunction with D3310, D3320, D3330 on same tooth by same provider	N	Pre-op x-rays required. Subject to Pre-Payment review
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root		N	Pre and Post operative x-rays required. Subject to pre-payment review
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)		N	X-rays required. Subject to Pre-Payment review
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		N	Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required. Subject to Pre-Payment review
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)			
D3330	Endodontic therapy, molar (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access		N	Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required. Subject to Pre-Payment review
D3333	Internal root repair of perforation defects			
D3351	Apexification/recalcification, initial visit	not on same day as D3352 or D3353		
D3352	Apexification/recalcification, interim medication replacement	not on same day as D3351 or D3353		
D3353	Apexification/recalcification, final visit	not on same day as D3351 or D3352		
D3410	Apicoectomy, anterior		N	Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required Subject to Pre-Payment review
D3430	Retrograde filling, per root			



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Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 per quad per 36 month period. Maximum 2 quads per date of service.	Y	Pre-authorization and x-rays required
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant			
D4240	Gingival flap procedure, four or more teeth per quadrant	1 per quad per 36 month period. Maximum 2 quads per date of service. Not payable within 36 months of D4260 or D4261.	Y	Pre-authorization and x-rays required
D4241	Gingival flap procedure, one to three teeth per quadrant			
D4260	Osseous surgery, four or more teeth per quadrant	1 per quad per 36 month period. Maximum 2 quads per date of service.	Y	Pre-authorization and x-rays required
D4261	Osseous surgery, one to three teeth per quadrant			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 per quad per 36 month period. Maximum 2 quads per date of service. Not payable within 36 months of D4240, D4241, D4260 or D4261.	Y	Pre-authorization and x-rays required
D4342	Periodontal scaling and root planing, one to three teeth per quadrant			
D4355	Full mouth debridement	1 per 24 month period Not payable on same day as D1110 or D1120	N	Narrative required w/ submission of claim. Subject to pre-payment review
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	1 per arch per lifetime-with exception	N	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			
D5211	Maxillary partial denture, resin base	1 per arch per lifetime-with exception. Replacement of a lost denture is not covered.	Y	Pre-authorization and x-rays required
D5212	Mandibular partial denture, resin base			
D5213	Maxillary partial denture, cast metal, resin base			
D5214	Mandibular partial denture, cast metal, resin base			
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			
D5421	Adjust partial denture, maxillary			
D5422	Adjust partial denture, mandibular			
D5510	Repair broken complete denture base	N	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			
D5610	Repair resin denture base			
D5620	Repair cast framework			
D5630	Repair or replace broken clasp, per tooth			
D5640	Replace broken teeth, per tooth			
D5650	Add tooth to existing partial denture			
D5660	Add clasp to existing partial denture, per tooth			
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			
D5740	Reline maxillary partial denture, chairside			
D5741	Reline mandibular partial denture, chairside			
D5750	Reline complete maxillary denture, laboratory			
D5751	Reline complete mandibular denture, laboratory			
D5760	Reline maxillary partial denture, laboratory			
D5761	Reline mandibular partial denture, laboratory			
D5820	Interim partial denture, maxillary	1 per lifetime	Y	Pre-authorization with x-rays and narrative required



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Fixed Prosthodontic Services				
D6985	Pediatric partial denture, fixed	1 per lifetime	Y	Pre-authorization with x-rays and narrative of medical necessity required
Oral & Maxillofacial Services				
Pre-Authorization, x-rays and narrative required for extractions of 3rd molars				
D7111	Extraction, coronal remnants, deciduous tooth	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 extractions require pre-treatment radiographs with submission of claim
D7140	Extraction, erupted tooth or exposed root			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of 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	Removal of residual tooth roots (cutting procedure)			
D7260	Oroantral fistula closure	Covered only when medically necessary	N	X-rays and Narrative required with claim. Subject to pre-payment review.
D7261	Primary closure of a sinus perforation			
D7270	Tooth reimplantation and/or stabilization, accident		N	X-rays and Narrative required w/ submission of claim
D7280	Exposure of an unerupted tooth		Y	Pre-authorization and narrative of medical necessity required
D7283	Placement, device to facilitate eruption, impaction			
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			
D7472	Removal of torus palatinus	1 per lifetime per area/quadrant	Y	Pre-authorization, narrative and restorative/prosthodontic treatment plan required
D7473	Removal of torus mandibularis	1 per lifetime per area/quadrant	Y	Pre-authorization, narrative and restorative/prosthodontic treatment plan required
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	
D7880	Occlusal orthotic device, by report		Y	Pre-authorization required.
D7881	Occlusal orthotic device adjustment	1 per 12 month period	N	
D7970	Excision of hyperplastic tissue, per arch		N	Not allowed in conjunction with D7310 or D7320
Orthodontic Services				
Prior Authorization including Medicaid Orthodontic Initial Assessment Form (AIF), study models, cephalometric and panoramic image is required for all orthodontic services. A maximum of five (5) broken brackets will be considered covered as part of the orthodontic coverage with no additional payment to the provider. If the member exceeds five (5) broken brackets during the treatment period the provider may pass on additional costs to the member. The member must be eligible on each date of service. If the member becomes ineligible during active orthodontic treatment, the member is responsible to pay any remaining balance.				
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime	Y	Medicaid Orthodontic Initial Assessment Form - (IAF), study models, cephalometric and panoramic images must be submitted with Pre-authorization
D8080	Comprehensive orthodontic treatment of the adolescent dentition			
D8090	Comprehensive orthodontic treatment of the adult dentition			
D8210	Removable appliance therapy		Y	Pre-authorization required
D8220	Fixed appliance therapy			
D8660	Pre-orthodontic treatment examination to monitor growth and development		Y	Includes diagnostic casts, photographs, panoramic image, cephalometric image and tracing
D8670	Periodic orthodontic treatment visit		Y	Limited to a maximum of 24 monthly visits or 36 months following the banding date whichever occurs first. An extension beyond this may be approved for severe cases such as surgical orthognathic or cleft cases
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	1 per lifetime	Y	
D8692	Replacement of lost or broken retainer		Y	
Adjunctive General Services				
D9110	Palliative (emergency) treatment, minor procedure		N	Narrative required with claim submission. No additional payment allowed if submitted w/ procedures other than x-rays and/or limited exam on the same date of service, for purpose of relief of pain



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Adjunctive General Services (Continued)				
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) or Behavior Management (D9920)
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	3 per 366 days	N	Not payable in conjunction with sedation codes D9223, D9243 or Behavior Management (D9920)
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	Not payable in conjunction with Behavior Management (D9920)
D9310	Consultation, other than requesting dentist		N	Narrative required w/ submission of claim. Not payable on same day as treatment
D9420	Hospital or ambulatory surgical center call		Y	Pre-authorization and narrative required
D9920	Behavior management, by report	3 per 366 days Not payable in conjunction with sedation (D9223, D9243, D9248) or nitrous oxide analgesia (D9230).	N	Defined as "extraordinary means used to control a patient management problem and without this management, treatment could not be rendered." Medicaid Behavior Management Report or Narrative is required for consideration of claim payment