



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
Clinical Oral Evaluations				
D0120	Periodic Oral Evaluation, Established Patient	1 per 12 month period	N	
D0150	Comprehensive Oral Evaluation	1 per 36 month period per provider	N	
X-Rays				
D0210	Full Mouth X-Ray	1 per 12 month period	N	
D0220	Periapical, First Image		N	
D0230	Periapical, Each Additional Image	Payable up to 5 units per date of service	N	
D0240	Intraoral, Occlusal Image	Payable up to 2 units per date of service	N	
D0272	Bitewings, Two Images	1 per 12 month period	N	
D0290	Posterior – Anterior Or Lateral Skill & Facial Bone Survey Image		N	
D0330	Panoramic Image	1 per 36 month period	N	
Preventive Services				
D1110	Prophylaxis, Adult	2 per 12 month period	N	
D1330	Oral Hygiene Instructions	1 per 12 month period	N	
Removable Prosthodontic Services				
D5110	Complete Denture, Maxillary	1 per arch per lifetime and medically necessary	Y	Pre-authorization, pre-op x-rays and narrative of medical necessity required
D5120	Complete Denture, Mandibular		Y	
D5211	Maxillary Partial Denture, Resin Base		Y	
D5212	Mandibular Partial Denture, Resin Base		Y	
D5213	Maxillary Partial Denture, Cast Metal Framework		Y	
D5214	Mandibular Partial Denture, Cast Metal Framework		Y	
D5410	Adjust Complete Denture, Maxillary	1 per arch per 12 month period	N	Narrative required w/ claim submission. No additional payment allowed for adjustments, repairs, rebase and/or relines within 6 months of delivery date
D5411	Adjust Complete Denture, Mandibular		N	
D5421	Adjust Partial Denture, Maxillary		N	
D5422	Adjust Partial Denture, Mandibular		N	



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Removable Prosthodontic Services (Continued)				
D5510	Repair Broken Complete Denture Base		N	Narrative required w/ claim submission. No additional payment allowed for adjustments, repairs, rebase and/or relines within 6 months of delivery date
D5520	Replace Missing Or Broken Teeth, Complete Denture		N	
D5610	Repair Resin Denture Base, Partial Denture		N	
D5620	Repair Cast Framework, Partial Denture		N	
D5630	Repair Or Replace Broken Clasp, Partial Denture		N	
D5640	Replace Broken Teeth, Partial Denture		N	
D5650	Add Tooth To Existing Partial Denture		N	
D5660	Add Clasp To Existing Partial Denture			
D5730	Reline Complete Maxillary Denture (Chairside)	1 per arch per 12 month period	N	
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	
Oral Surgery Services				
Pre-authorization, x-rays, narrative required for extractions of third molars				
D7140	Extraction, Erupted Tooth/Exposed Root	Prophylactic extractions of asymptomatic impacted or erupted teeth is not a covered benefit	N	X-rays and narrative required. Subject to pre payment review. Prophylactic extraction of asymptomatic impacted or erupted teeth is not a covered benefit. Pre-Authorization, x-rays and narrative required for extractions of 3rd molars
D7210	Surgical Removal Of Erupted Tooth		N	
D7220	Removal Of Impacted Tooth, Soft Tissue		N	
D7230	Removal Of Impacted Tooth, Partially Bony		N	
D7240	Removal Of Impacted Tooth, Complete Bony		N	
D7241	Removal Of Impacted Tooth, Complete Bony Complicated		N	
D7250	Surgical Removal Of Residual Tooth Roots		N	
D7260	Oroantral fistula Closure	Covered only when medically necessary or denture related	Y	Pre-authorization required. Only covered when medically necessary or denture related
D7261	Primary Closure of a Sinus Perforation		Y	



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Oral Surgery Services (Continued)				
D7310	Alveoloplasty in Conjunction with Extractions, per quadrant	1 per lifetime per quadrant	Y	Pre-authorization required D7310 is not payable on the same day as D7210, D7220, D7230, D7240, D7241 or D7250. Pre-op x-rays and/or narrative on medical necessity
D7320	Alveoloplasty not in Conjunction with Extractions, per quadrant		Y	
D7510	Incision & Drainage Of Abscess, Intraoral Soft Tissue		N	Narrative of medical necessity. Not allowed with D7111-D7250
D7520	Incision & Drainage Of Abscess, Extraoral Soft Tissue		N	
D7970	Excision of hyperplastic tissue, per arch		N	Not allowed with in conjunction with D7310 or D7320
Adjunctive General Services				
D9220	Deep Sedation/General Anesthesia, First 30 Minutes	3 times per 12 month period. Limited to Medical Necessity	Y	Pre-authorization and narrative required
D9221	Deep Sedation/General Anesthesia, Each Additional 15 Minutes		Y	
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	3 times per 12 month period. Limited to Medical Necessity	N	Narrative required w/ claim submission
D9241	Intravenous Conscious Sedation/Analgesia, First 30 Minutes	3 times per 12 month period. Limited to Medical Necessity	Y	Pre-authorization and narrative required
D9242	Intravenous Conscious Sedation/Analgesia, Each Additional 15 Minutes		Y	
D9248	Non-Intravenous Conscious Sedation	3 times per 12 month period. Limited to Medical Necessity	N	Narrative required w/ claim submission
D9420	Hospital Call		Y	Pre-authorization and narrative required
D9430	Office Visit For Observation, No Other Services Performed		N	