

Dental Coverage Limitations By Program

Procedure or Service	Common ADA Codes	Program Coverage
Periodic Oral Exam	D0120	<p>If you are less than 21 you may have an exam every 6 months. If you are 21 or older, you may have one exam each calendar year.</p> <p>Note: If you have a medical condition that makes it necessary for you to have more frequent exams your dentist can request additional services for you.</p> <p>-No HUSKY B Copay</p>
Emergency or Limited Oral Exam	D0140	<p>No Limits.</p> <p>-No HUSKY B Copay</p>
Initial Oral Exam	D0150	<p>If you are less than 21 you may have one new patient exam every 3 years. If you are 21 or older, you are limited to one new patient exam in your lifetime.</p> <p>Note: If you change dentists your new dentist can request this additional service for you.</p> <p>-No HUSKY B Copay</p>
Detailed & Extensive Oral Evaluation	D0160	<p>This service does not have a limit</p> <p>-No HUSKY B Copay</p>
X-Ray-Intraoral, complete series (FMX, Full Mouth Series)	D0210-Full Mouth Series	<p>A complete set of X-rays of your mouth is covered once every 36 months.</p> <p>-No HUSKY B Copay</p>
X-Ray-Periapical	D0220-1st Film D0230-Each Additional Film	<p>If you are under 21, there is no restriction to the number of individual x-rays that are covered. If you are 21 or older, individual x-rays are limited to four in 365 days.</p> <p>-No HUSKY B Copay</p>
X-Ray-Bitewing	D0270-Single D0272-Two D0274-four	<p>If you are under 21 bitewing procedures are covered once every 6 months. If you are 21 or older bitewing procedures are covered once in a calendar year</p> <p>-No HUSKY B Copay</p>
X-Ray-Panoramic	D0330-Panoramic Radiograph	<p>Dentists other than oral and maxillofacial surgeons and orthodontists must ask for prior authorization to do a panoramic X-</p>

		<p>ray.</p> <p>Note: Under the HUSKY dental plan, either a panoramic X-ray or a full mouth series is covered under the plan one time per 36 months.</p> <p>-No HUSKY B Copay</p>
Dental Prophylaxis "Cleaning"	D1110 Adult D1120 Pediatric	<p>If you are less than 21 you may have a cleaning every 6 months. If you are 21 or older, you may have one cleaning each calendar year.</p> <p>Note: If you have a medical condition that makes it necessary for you to have more frequent cleanings your dentist can request additional services for you.</p> <p>-No HUSKY B Copay -No HUSKY B Copay</p>
Topical Application of Fluoride-Adult & Children	D1208-Topical Fluoride application	<p>If you are less than 21 fluoride treatment is covered twice a year</p> <p>If you are 21 or older fluoride treatment is covered only under certain conditions and requires prior authorization.</p> <p>-No HUSKY B Copay</p>
Pit & Fissure Sealants	D1351	<p>Covered for children ages 5 through 16</p> <p>Sealants are covered once every 5 years per tooth</p> <p>Sealants are covered for permanent molars and pre-molars</p> <p>Teeth to be sealed must be free of decay</p> <p>-No HUSKY B Copay</p>
Space Maintainers	D1510-Fixed Unilateral D1515-Fixed Bilateral D1525-Removable Bilateral	<p>D1510 – limit of 4 covered</p> <p>D1515 – limit of 2 covered</p> <p>D1525 – limit of 2 covered</p> <p>HUSKY B Copay-33%</p>
Recementation of Space Maintainer	D1550	<p>Covered service</p> <p>HUSKY B Copay-20%</p>
Removal of Fixed Space Maintainer	D1555	<p>Covered service</p> <p>HUSKY B Copay-33%</p>
Restorations "Fillings"- Amalgams (Metal) Covered for permanent and "baby" teeth	D2140 – 1 surface D2150 – 2 surface D2160 – 3 surface D2161 – 4 surface	<p>Once per year to same surface. Not covered for "baby" teeth which are about to fall out.</p> <p>HUSKY B Copay-20%</p>
Restorations-Fillings- Composite Resin	Anterior (Front) Teeth: D2330 – 1 surface	<p>Once per year to same surface. Not covered for "baby" which are about to fall out.</p>

(White)	D2331 – 2 surface D2332 – 3 surface D2335 – 4 surface Posterior (Back) Teeth: D2391 – 1 surface D2392 – 2 surface D2393 – 3 surface D2394 – 4 surface (Wisdom teeth are not covered.)	For clients 21 or older resin (white) fillings are not covered for first molar teeth and second molar teeth Not a covered service for wisdom teeth HUSKY B-20% Copay
Crown –Porcelain fused to predominantly base metal Front permanent teeth	D2751	Covered for permanent front teeth only Limited to once per five years Prior authorization required HUSKY B Copay 33%
Crown-Full cast predominantly base metal	D2791	Covered for all permanent teeth Limited to once per five years Prior authorization required HUSKY B Copay 33%
Re-cement Crown	D2910 D2920	Covered service HUSKY B Copay 20%
Crowns-Stainless Steel with Resin Window (Primarily used on children)	D2930-Primary D2931-Permanent D2933-Primary or Permanent	Covered only when breakdown of tooth structure is excessive D2933 Covered for “baby” or permanent teeth, front or back teeth Crowns are not covered for “baby” teeth which are about to come out. Prior authorization required HUSKY B Copay 33%
Restorative Temporary Sedative filling	D2940	Covered Service HUSKY B Copay 20%
Core Buildup	D2950	Prior Authorization required HUSKY B Copay 33%
Pin Retention-per Tooth	D2951	HUSKY B Copay 33%
Endodontic Therapy (Root Canal Therapy)– Front Teeth	D3310	Once per tooth per Client per lifetime limitation Prior authorization is required for clients 21 and older HUSKY B Copay 20%
Endodontic Therapy (Root Canal Therapy) – Back Teeth	D3320 - Bicuspid D3330 - Molar	Once per tooth per Client per lifetime limitation. Prior authorization is required for clients 21 and older

		HUSKY B Copay 20%
Retreatment Root Canal Therapy	D3346-Anterior D3347- Premolar/Bicuspid D3348-Posterior/Molar	Covered for ages 0-20. Prior authorization required for all providers except endodontists HUSKY B Copay 20%
Apicoectomy/ Periraduclar Surgery	D3410-Anterior D3421-Bicuspid D3425-Molar	Prior authorization is required for under age 21 for all providers except endodontists HUSKY B Copay 20%
Apexification	D3351	Not including root canal treatment but includes all visits to complete the service. Restricted up to age 20 – Prior authorization is required for all specialties except endodontists. HUSKY B Copay 20%
Gingivectomy or Gingivoplasty (Reposition forming tooth bud to another socket)	D4210-Four or More Teeth D4211-One to Three Teeth	PA required for clients age 21 and over. Covered for severe effects caused by medication. HUSKY B Copay 50%
Full Denture	5110 Full Upper 5120 Full Lower	Covered once every 7 years. Note: When you pick up your new denture, you will be required to sign a form stating that you understand the replacement policy and that your denture is acceptable. If you need a replacement denture before the 7 year period is up, your dentist can request the additional service for you. Dentures will only be replaced if it is medically necessary. If your denture was stolen or destroyed in an accident or natural disaster you should give a copy of the accident or police report to your dentist. Dentures will not be replaced for cosmetic reasons. HUSKY B Copay 50%
Removable Prosthetic – Partial Denture (Requires PA)	5211 Partial Upper Resin Based 5212 Partial Lower Resin Based 5213-Partial Upper Cast metal 5214-Partial Lower Cast metal	Covered once every 7 years. Note: When you pick up your new denture, you will be required to sign a form stating that you understand the replacement policy and that your denture is acceptable. If you need a replacement denture before the 7 year period is up, your dentist can request the additional service for you. Dentures will only be replaced if it is medically necessary. If your denture was stolen or destroyed in an accident or natural disaster you should give a copy of the accident or police report to your dentist. Dentures will not be replaced for cosmetic reasons.

		HUSKY B Copay 50%
Denture Repairs	<p>D5510-Repair of Broken Complete Denture Base</p> <p>D5520-Replace Missing or Broken Teeth-Complete</p> <p>D5610-Repair Resin Denture Base</p> <p>D5620-Repair Cast Framework</p> <p>D5640-Repair or Replace Broken Clasp</p> <p>D5650-Add Tooth to Existing Partial Denture</p> <p>D5660-Add Clasp to Existing Partial Denture</p>	<p>Covered Service</p> <p>HUSKY B Copay 20%</p>
Reline Dentures - Chairside	<p>D5730-Reline Complete Maxillary Denture-Chair side</p> <p>D5731-Reline Complete Mandibular Denture-Chairside</p> <p>D5740-Reline Maxillary Partial Denture-Chair side</p> <p>D5741-Reline Mandibular Partial Denture – Chairside</p>	<p>Once per 2 year period limitation</p> <p>Prior authorization required for some dental specialties</p> <p>HUSKY B Copay-20%</p>
Reline Dentures - Laboratory	<p>D5750- Reline Complete Maxillary Denture</p> <p>D5751- Reline Complete Mandibular Denture</p> <p>D5760- Reline Maxillary Partial Denture</p> <p>D5761- Reline</p>	<p>Once per 2 year period limitation</p> <p>Prior authorization required for some dental specialties</p> <p>HUSKY B Copay 20%</p>

	Mandibular Partial Denture		
Obturator Prosthesis	D5931-Surgical	HUSKY B Copay 20%	
Obturator Prosthesis	D5932-Definitive	HUSKY B Copay 20%	
Oral Surgery			
Simple Extractions	D7140 – Extraction of erupted tooth or exposed root	Covered for all teeth 20% HUSKY B Copay	
Surgical Extractions	D7210 - Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth	Covered for all teeth 33% HUSKY B Copay <i>(Oral Surgeons are not required to submit Prior authorization for surgical extractions)</i>	
Impactions	D7220-Soft Tissue D7230-Partially Bony D7240-Completely Bony D7241-Completely Bony, with unusual surgical complications	Prior authorization required HUSKY B Copay 33%	
Tooth Transplantation	D7272	Restricted to ages 0-20 HUSKY B Copay 20%	
Surgical Access of Unerupted Tooth	D7280	Covered only for orthodontic reasons – not covered unless orthodontia has been prior authorized. HUSKY B Copay 20%	
Osteoplasty	D7940 D7941 D7944 D7945	Requires prior authorization HUSKY B Copay 20%	
Closure of Salivary Fistula	D7983	HUSKY B Copay 20%	
Orthodontics (Required PA)	D8000-8999	HUSKY A, HUSKY C, HUSKY D Once per client per lifetime. Work must be performed by a qualified Orthodontist Limited to clients under age 21. Therapy must be completed by the age of 21. Prior authorization required.	HUSKY B Once per client per lifetime. Limited to clients under age 19 No predetermination required Benefit limited to \$725.00 per case Client is responsible for balance up to the Medicaid allowed amount.

		Coverage of braces is based on a scoring method. If your teeth are not crooked enough to qualify you may still be eligible if braces are considered medically necessary. Please talk to your orthodontist or call our call center for more information.	
Local Anesthesia		It is not payable as a separate service and is included in other procedure codes.	
General Surgical Anesthesia	D9220-Deep Sedation/General Anesthesia-first 30 minutes D9221- Deep Sedation/ General Anesthesia-each additional 15 minutes	Covered for clients under the age of nine (Prior to ninth birthday) or clients with autism, cerebral palsy, hyperactivity disorder or severe/profound developmental delay for behavior management related to the dental procedures to be performed. Covered for clients age nine and older when: <ul style="list-style-type: none"> • Multiple oral surgical procedures are performed at the same visit • 5 or more extractions are performed • Extraction of impacted wisdom teeth Not covered for clients 21 or older for the extraction of less than 6 single teeth (excluding wisdom teeth) or for general dental treatment HUSKY B Copay is 20%	
Analgesia, Anxiolysis, Inhalation of Nitrous Oxide "Laughing Gas"	D9230 –Analgesia, Anxiolysis Inhalation NO2	Covered for clients under the age of 9, or clients of any age who have a diagnosis such as autism, cerebral palsy hyperactivity disorder or developmental delay with a demonstrated need for behavior management related to the dental procedures to be performed. Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services. Not a covered benefit for clients twenty one or over for general dental services. HUSKY B Copay 20%	
Intravenous Conscious Sedation	D9241-Intravenous Conscious Sedation/ Analgesia -first 30 minutes D9242- Intravenous	Covered for clients under the age of nine (Prior to ninth birthday) or clients with autism, cerebral palsy, hyperactivity disorder or severe/profound developmental delay for behavior management related to the dental procedures to be performed. Covered for clients age nine and older when:	

	Conscious Sedation/Analgesia - each additional 15 minutes	<ul style="list-style-type: none"> Multiple oral surgical procedures are performed at the same visit 5 or more extractions are performed Extraction of impacted wisdom teeth <p>Not covered for clients 21 or older for the extraction of less than 6 single teeth (excluding wisdom teeth) or for general dental treatment</p> <p>HUSKY B Copay 20%</p>
Occlusal "Night" Guards (By Report)	D9940	Covered By Report Prior Authorization required for patients 21 years of age and older HUSKY B Copay-20%
Fabrication of Athletic Mouth Guard	D9941	Covered once in a lifetime for clients under age 21 who are enrolled in a contact sport when no other means of obtaining a guard are available. Prior Authorization required. HUSKY B Copay-20%
Periodontia	D4000 – D4999	Not a covered benefit- exceptions for medical necessity in children(EPSDT) considered
Implants	D6000 – D6199	Not a covered benefit
Cosmetic Dentistry		Not a covered benefit
Vestibuloplasty	D7340, D7350	Requires Prior Authorization
Canceled or Missed appointments		Not a covered benefit