



Dental

Codes that require Prior Authorization

Code	Description
D4240	Gingival flap procedure (four or more contiguous teeth)
D4241	Gingival flap procedure (one to three contiguous teeth)
D5110	Complete Denture – Maxillary
D5120	Complete Denture – Mandibular
D5211	Upper Partial – Resin Base
D5212	Lower Partial – Resin Base
D5213	Maxillary Partial Denture
D5214	Mandibular Partial Denture
D5820	Interim Partial Denture
D6985	Pediatric Partial Denture
D7880	Occlusal Orthotic Device
D7881	Occlusal Orthotic device adjustment
D8070	Comprehensive orthodontic treatment on temporary dentition
D8080	Comprehensive orthodontic treatment on mixed dentition
D8090	Comprehensive orthodontic treatment on adult dentition
D8220	Fixed Orthodontic Appliance
D8210	Removable Orthodontic Appliance
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer)
D8999	Unspecific Orthodontic Treatment