



FL Medicaid - CHILD

**** Endodontist, Oral Surgeons, Orthodontist and Periodontist must have a pre authorization****
(UNLESS it is an emergency, radiographs or code D7140)

Code	Description	Limitations	Pre-Auth Required	Documentation/X-Rays Required
Diagnostic Services				
D0120	Periodic oral evaluation	1 of (D0120, D0145) every 181 days		
D0140	Limited oral evaluation	as medically indicated		
D0145	Oral evaluation under age 3	1 of (D0120, D0145) every 181 days		
D0150	Comprehensive oral evaluation	1 (D0150) every 36 months ¹		
D0190	Screening of a patient	1 (D0190) every 181 days. Not payable within 60 days of D0120, D0145, D0150 or any other evaluation code.		
D0191	Assessment of a patient	1 (D0191) every 181 days. Not payable within 60 days of D0120, D0145, D0150 or any other evaluation code.		
D0210	Intraoral, complete series of radiographic images	1 (D0210) every 36 months		Requires a minimum of 12 periapical radiographs
D0220	Intraoral, periapical, first radiographic image			
D0230	Intraoral, periapical, each add 'I' radiographic image	Payable up to 5 units per date of service		
D0240	Intraoral, occlusal radiographic image	Payable up to 2 units per date of service		
D0250	Extra-oral 2D projection radiographic image, stationary radiation source			
D0251	Extra-oral posterior dental radiographic image			
D0270	Bitewing, single radiographic image			
D0272	Bitewings, two radiographic images	1 of (D0270-D0274) every 181 days		
D0274	Bitewings, four radiographic images			
D0330	Panoramic radiographic image	1 (D0330) every 36 months		
D0340	2D cephalometric radiographic image, measurement and analysis			
D0350	2D oral/facial photographic image, intra-orally/extra-orally			
D0470	Diagnostic casts			
D0601	Caries risk assessment and documentation, low risk	1 of (D0601-D0603) every 12 months, per location per provider *VA		Effective 7.1.19
D0602	Caries risk assessment and documentation, moderate risk			
D0603	Caries risk assessment and documentation, high risk			
D0999	Unspecified diagnostic procedure, by report	*VA		
Preventive Services				
D1110	Prophylaxis, adult	1 of (D1110, D1120, D4346) every 181 days		
D1120	Prophylaxis, child			
D1206	Topical application of fluoride varnish	4 (D1206) every 12 months ages 0-6 1 (D1206) every 181 days ages 6 and over		
D1208	Topical application of fluoride, excluding varnish	1 (D1208) every 181 days		
D1330	Oral hygiene instruction	1 (D1330) every 6 months, includes nutritional counseling		
D1351	Sealant, per tooth	1 (D1351) per permanent molar, every 36 months. Surface must be caries free with no restoration or previous sealant present		
D1354	Interim caries arresting medicament application, per tooth	1 of (D1354, D1355) per tooth, every 181 days, 2 services per tooth in a lifetime		Effective 1.1.21
D1355	Caries preventive medicament application, per tooth			
D1510	Space maintainer, fixed, unilateral, per quadrant	1 of (D1510, D1575) per quadrant in a lifetime. May be reimbursed for necessary maintenance of a posterior space for a permanent successor to a prematurely lost deciduous tooth.		Narrative required with claim submission
D1516	Space maintainer, fixed, bilateral, maxillary	1 of (D1516, D1517) per arch in a lifetime. May be reimbursed for necessary maintenance of a posterior space for a permanent successor to a prematurely lost deciduous tooth.		
D1517	Space maintainer, fixed, bilateral, mandibular			
D1551	Re-cement or re-bond bilateral space maintainer, maxillary			
D1552	Re-cement or re-bond bilateral space maintainer, mandibular			
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant			
D1556	Removal of fixed unilateral space maintainer, per quadrant	1 (D1556) per quadrant in a lifetime		
D1557	Removal of fixed bilateral space maintainer, maxillary	1 of (D1557, D1558) per arch in a lifetime		
D1558	Removal of fixed bilateral space maintainer, mandibular			
D1575	Distal shoe space maintainer, fixed, per quadrant	1 of (D1510, D1575) per quadrant in a lifetime		Narrative required with claim submission
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		
D2150	Amalgam, two surfaces, primary or permanent			
D2160	Amalgam, three surfaces, primary or permanent			
D2161	Amalgam, four or more surfaces, primary or permanent			
D2330	Resin-based composite, one surface, anterior			
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 of (D2390, D2710, D2721, D2740, D2751, D2928-D2930) per tooth every 60 months		
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		
D2392	Resin-based composite, two surfaces, posterior			
D2393	Resin-based composite, three surfaces, posterior			
D2394	Resin-based composite, four or more surfaces, posterior			



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	Restorative Services (continued)			
D2710	Crown, resin-based composite (indirect)	1 of (D2390, D2710, D2721, D2740, D2751, D2928-D2930) per tooth every 60 months		X-rays required with claim submission
D2721	Crown, resin with predominantly base metal			X-rays required with claim submission
D2740	Crown, porcelain/ceramic			X-rays required with claim submission
D2751	Crown, porcelain fused to predominantly base metal			X-rays required with claim submission
D2920	Re-cement or re-bond crown			
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	1 of (D2390, D2710, D2721, D2740, D2751, D2928-D2933) per tooth every 60 months		
D2930	Prefabricated stainless steel crown, primary tooth			
D2931	Prefabricated stainless steel crown, permanent tooth			
D2932	Prefabricated resin crown			
D2933	Prefabricated stainless steel crown with resin window			
D2940	Protective restoration	Not payable in conjunction with other restorative procedures on the same date of service.		
D2950	Core buildup, including any pins when required	Considered inclusive with crown. Separate fee may be allowed when submitted with supporting documentation		
D2951	Pin retention, per tooth, in addition to restoration			
D2954	Prefabricated post and core in addition to crown			X-rays required with claim submission
	Endodontic Services			
D3110	Pulp cap, direct (excluding final restoration)			Pre-op x-rays required with claim submission
D3120	Pulp cap, indirect (excluding final restoration)	Not payable in conjunction with any covered Endodontic procedure. This procedure code is not utilized a protective liner when caries is not in close proximity to the pulp.		Pre-op x-rays required with claim submission
D3220	Therapeutic pulpotomy (excluding final restoration)			Pre-op x-rays and narrative required with claim submission
D3221	Pulpal debridement, primary and permanent teeth	Only payable on permanent teeth. Not payable in conjunction with D3310, D3320 or D3330 on same tooth on same day of service.		Pre-op x-rays required with claim submission
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root			Pre and Post operative x-rays required with claim submission
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)			X-rays required with claim submission
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)			X-rays required with claim submission
D3310	Endodontic therapy, anterior tooth (excluding final restoration)			Requires good restorative and periodontal prognosis. Pre-op x-rays or narrative demonstrating necessity, including periodontal condition required with claim submission
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			
D3330	Endodontic therapy, molar tooth (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access			Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required with claim submission
D3333	Internal root repair of perforation defects			
D3351	Apexification/recalcification, initial visit	Not payable on same day as D3352 or D3353		
D3352	Apexification/recalcification, interim medication replacement	Not payable on same day as D3351 or D3353		Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required with claim submission
D3353	Apexification/recalcification, final visit	Not payable on same day as D3351 or D3352		
D3410	Apicoectomy, anterior			Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required with claim submission
D3430	Retrograde filling, per root			Requires good restorative and periodontal prognosis. Pre and Post operative x-rays required with claim submission
	Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210, D4211) per site/quad every 36 months, maximum payable two (2) quads per date of service		X-rays and perio charting required with claim submission
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant			X-rays and perio charting required with claim submission
D4240	Gingival flap procedure, four or more teeth per quadrant	1 of (D4240, D4241) per site/quad every 36 months, maximum payable two (2) quads per date of service		X-rays and perio charting required with claim submission
D4241	Gingival flap procedure, one to three teeth per quadrant			X-rays and perio charting required with claim submission
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260, D4261) per site/quad every 36 months, maximum payable two (2) quads per date of service		X-rays and perio charting required with claim submission
D4261	Osseous surgery, one to three teeth per quadrant			X-rays and perio charting required with claim submission
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per site/quad every 36 months, not payable within 36 months of D4240, D4241, D4260 or D4261, maximum payable two (2) quads per date of service		X-rays and perio charting required with claim submission
D4342	Periodontal scaling and root planing, one to three teeth per quadrant			X-rays and perio charting required with claim submission
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 of (D1110, D1120, D4346) every 181 days		X-rays, perio charting, and narrative required with claim submission
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	1 (D4355) every 24 months not payable on same date of service as D1110 or D1120. Payment allowed with D0140. Not payable with D0120 or D0150		Narrative required with claim submission
	Removable Prosthodontic Services			
D5110	Complete denture, maxillary	1 of (D5110-D5214) per arch in a lifetime. Replacement of a lost denture is not covered		
D5120	Complete denture, mandibular			
D5211	Maxillary partial denture, resin base			X-rays required with claim submission
D5212	Mandibular partial denture, resin base			X-rays required with claim submission
D5213	Maxillary partial denture, cast metal, resin base			X-rays required with claim submission
D5214	Mandibular partial denture, cast metal, resin base			X-rays required with claim submission
D5410	Adjust complete denture, maxillary	1 of (D5410-D5422) per arch every 366 days. No additional payment is allowed within 6 months of delivery date		Narrative required with claim submission
D5411	Adjust complete denture, mandibular			
D5421	Adjust partial denture, maxillary			
D5422	Adjust partial denture, mandibular			
D5511	Repair broken complete denture base, mandibular	No additional payment is allowed within 6 months of delivery date		Narrative required with claim submission
D5512	Repair broken complete denture base, maxillary			



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Removable Prosthodontic Services (continued)				
D5520	Replace missing or broken teeth, complete denture	No additional payment is allowed within 6 months of delivery date		Narrative required with claim submission
D5611	Repair resin partial denture base, mandibular			
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular			
D5622	Repair cast partial framework, maxillary			
D5630	Repair or replace broken retentive clasping materials, 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			
D5731	Reline complete mandibular denture, chairside	1 of (D5730-D5761) per arch every 366 days. No additional payment allowed within 6 months of delivery date.		Narrative required with claim submission
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			
D5821	Interim partial denture, mandibular		1 of (D5820, D5821) per arch, in a lifetime	
Fixed Prosthodontic Services				
D6096	Remove broken implant retaining screw			Narrative required with claim submission
D6985	Pediatric partial denture, fixed	1 (D6985) in a lifetime		X-rays and narrative of medical necessity required with claim submission
Oral & Maxillofacial Services				
D7111	Extraction, coronal remnants, primary tooth			
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		Yes, for 3rd molar extractions only	Non 3rd molar extractions: X-rays required with claim submission
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			X-rays and narrative required with claim submission
D7261	Primary closure of a sinus perforation			X-rays and narrative required with claim submission
D7270	Tooth reimplantation and/or stabilization, accident			X-rays and narrative required with claim submission
D7280	Exposure of an unerupted tooth			Narrative of medical necessity required with claim submission
D7283	Placement, device to facilitate eruption, impaction			Narrative of medical necessity required with claim submission
D7296	Corticotomy, one to three teeth or tooth spaces, per quadrant			
D7297	Corticotomy, four or more teeth or tooth spaces, per quadrant			
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310, D7320) per quadrant in a lifetime. Is only payable in preparation of full dentures		Pre-op x-rays and/or narrative required with claim submission
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant			Pre-op x-rays and/or narrative required with claim submission
D7472	Removal of torus palatinus	1 (D7472) per arch in a lifetime		Narrative and restorative/prosthodontic treatment plan required with claim submission
D7473	Removal of torus mandibularis	1 (D7473) per arch in a lifetime		Narrative and restorative/prosthodontic treatment plan required with claim submission
D7510	Incision & drainage of abscess, intraoral soft tissue	Not payable on same day as extraction, inclusive with any D7111 through D7250		
D7520	Incision & drainage of abscess, extraoral soft tissue			
D7880	Occlusal orthotic device, by report			Narrative required with claim submission
D7881	Occlusal orthotic device adjustment	1 (D7881) every 12 months		Narrative required with claim submission
D7961	Buccal / labial frenectomy (frenulectomy)	1 (D7961) per arch in a lifetime	Yes	Narrative of medical necessity required with claim submission
D7962	Lingual frenectomy (frenulectomy)	1 (D7962) in a lifetime	Yes	Narrative of medical necessity required with claim submission
D7970	Excision of hyperplastic tissue, per arch	Not allowed in conjunction with D7310 or D7320		
Orthodontic Services				
Pre-Authorization including Florida Medicaid Orthodontic Initial Assessment: Handicapping Labio-Lingual Deviations (HLD), cephalometric and panoramic image is required for 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 enrollee exceeds five (5) broken brackets during the treatment period, the provider may pass on additional costs to the member. The enrollee must be eligible on each date of service. If the enrollee becomes ineligible during active orthodontic treatment, the enrollee is responsible to pay any remaining balance.				
D8070	Comprehensive orthodontic treatment of the transitional dentition	24 units within a 36 month period, which includes the removal of the appliances and retainers at the end of treatment. Covered once in a lifetime	Yes	Handicapping Labio-Lingual Deviations (HLD) Form, Panoramic Radiograph, Cephalometric Radiograph, Photographs, tracing if available
D8080	Comprehensive orthodontic treatment of the adolescent dentition		Yes	
D8090	Comprehensive orthodontic treatment of the adult dentition		Yes	
D8210	Removable appliance therapy	1 (D8210) in a lifetime (inclusive of D8070, D8080, D8090)	Yes	
D8220	Fixed appliance therapy	1 (D8220) in a lifetime (inclusive of D8070, D8080, D8090)	Yes	
D8660	Pre-orthodontic treatment examination to monitor growth and development	1 (D8660) every 12 months, per office		
D8670	Periodic orthodontic treatment visit	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 (D8680) in a lifetime	Yes	



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	Orthodontic Services (continued)			
D8703	Replacement of lost or broken retainer, maxillary	1 of (D8703, D8704) per arch in a lifetime	Yes	
D8704	Replacement of lost or broken retainer, mandibular		Yes	
	Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	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.		Narrative required with claim submission
D9222	Deep sedation/general anesthesia, first 15 minute increment	A total of 3 occurrences of either Deep Sedation (D9222, D9223), IV Sedation (D9239, D9243) per 366 days.		Narrative and case guidelines and qualifications required with claim submission
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	4 (D9230) occurrences every 366 days. Not payable in conjunction sedation codes D9222, D9223, D9239, D9243, and D9248		Narrative of medical necessity required for patients ages 12 and over with claim submission
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	A total of 3 occurrences of either Deep Sedation (D9222, D9223), IV Sedation (D9239, D9243) per 366 days		Narrative and case guidelines and qualifications required with claim submission
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment			
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	3 occurrences of Non Intravenous Sedation (D9248) per 366 days. Not payable in conjunction with Nitrous Oxide (D9230)		
D9310	Consultation, other than requesting dentist	Not payable on same day as treatment. Only payable to a specialist with an approved referral		
D9420	Hospital or ambulatory surgical center call	1 (D9420) occurrence in 12 months		Narrative required with claim submission
D9920	Behavior management, by report	3 (D9920) every 366 days in conjunction with covered dental services. Not payable in conjunction sedation codes D9222, D9223, D9239, D9243, D9248 or nitrous D9230. Defined as "extraordinary means used to control a patient management problem and without this management, services could not be rendered."		Medicaid Behavior Management Report or Narrative is required for consideration of claim payment
D9986	Missed appointment	*VA		
D9995	Teledentistry, synchronous; real-time encounter	2 of (D9995, D9996) every 12 months		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review			