

Authorization Requirement Tables for Non-Pregnant Adults

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Authorization Requirements

Minnesota Health Care Programs (MHCP) offers non-pregnant adults limited dental benefits. The following CDT and CPT codes all require prior authorization through MHCP and the medical review agent. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about coverage, requirements and eligibility.

Prophylaxis

MHCP requires an authorization request if a member needs more than one prophylaxis in a calendar year. MHCP allows up to three additional prophylaxes per calendar year with authorization. The D1110 Multiple Prophylaxis prior authorization request form must accompany the prior authorization request. Providers can make each request last for up to a 24-month period. Requests must not exceed more than four services per calendar year or eight in two calendar years.

Submit requests for additional prophylaxis with the following:

- With an appropriate individualized treatment plan that meets criteria for covering the additional prophylaxis service(s).
- With Authorization Request questionnaire mailed or uploaded online via [medical review agent website](#).

CDT Code	Description
D1110	Prophylaxis- adult

Periodontics

Submit requests for authorization with the following dental history, case information, and documentation:

- Copies of current diagnostic imaging
- Current periodontal chart notations that includes the following:
 - Six point periodontal charting including attachment loss and mobility
 - Pocket depth of greater than 4 mm to meet American Academy of Periodontology (AAP) criteria for periodontal scaling and root planing
 - Presence of pathology including bleeding, deposit levels, and tissue conditions
 - Periodontal Prognosis
 - Classification of the periodontology case type which must be in accordance with documentation established by the AAP.

CDT Code	Description
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant

Prosthodontics

All prosthodontics have a service limit of one every six years.

If requesting replacement of existing prosthesis in less than six years from receiving original prosthesis:

- Include the specific reason for the request.
- Specify why the existing full or partial denture cannot be relined, rebased or repaired.

Partial Dentures

Authorization is always required.

Requests for cast metal or flexible base prosthesis must meet all of the following criteria:

- The crown to root ratio must be better than 1:1.
- The surrounding abutment teeth and the remaining teeth must not have extensive decay; and
- The abutment teeth must not have large restorations or stainless steel crowns.

Submit requests for authorization with the following dental history, case information and documentation:

- History regarding all previous prostheses.
- Dental history pertinent to request.
- Copies of current radiographs that show the current dental condition for all remaining teeth of the involved arch.
- American Dental Association [\(ADA\) Dental Claim Form](#) with supporting clinical documentation, identifying all of the following:
 - Missing teeth with an "X".
 - Tooth numbers of the teeth to be replaced by partial dentures.
 - Current six-point periodontal charting and periodontal prognosis of remaining teeth.

CDT Code	Description
D5211	Maxillary partial denture - resin base
D5212	Mandibular partial denture - resin base
D5213	Maxillary partial denture - cast metal framework with resin denture bases
D5214	Mandibular partial denture - cast metal framework with resin denture bases
D5221	Immediate maxillary partial denture - resin base
D5222	Immediate mandibular partial denture - resin base
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases
D5225	Maxillary partial denture - flexible base
D5226	Mandibular partial denture - flexible base
D5820	Interim partial denture (maxillary)
D5821	Interim partial denture (mandibular)

Oral Surgery—Removal of Impacted Teeth

Authorization is always required for the removal of impacted teeth.

The routine prophylactic removal of third molars is not a covered service. Third molar extractions must have symptoms or show evidence of pathology to substantiate the medical necessity for removal.

A referring provider must [release the patient's health record](#) to another provider regardless of the [status of the patient's account](#). Rendering providers are responsible for working with the referring provider to obtain all needed documentation to request an authorization for an MHCP-covered service. This requirement applies for all referrals in general.

Impacted Teeth

Requests for authorization must include documentation of significant infection, and documentation of one or more of the following criteria:

- Presence of severe pain or swelling.
- Documented recurrent episodes of pericoronitis.
- An episode of cellulitis.
- An episode of abscess formation or untreatable pulpal or periapical pathology.
- Active current periodontal disease due to the position of the third molar and its association with the second molar.
- External resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar.
- A nonrestorable carious lesion on a partially erupted third molar or a carious lesion on the distal of the second molar due to the position of the third molar.
- A pathological condition such as a dentigerous cyst or other related pathology.

Submit requests for authorization with the following dental history and case information:

- Oral and Maxillofacial Surgery Medical Necessity Questionnaire on the [medical review agent](#) website.
- Objective documentation of significant infections and symptoms for each tooth to be extracted.
- Periodontal Probing charting for each tooth being proposed for extraction.
- Copies of current radiographs with diagnostic value and chart documentation for each tooth to be extracted.
 - X-rays must be mounted (when applicable), and be labelled with patient name and the date of X-ray exposure. Do not submit original X-rays; they could be lost and compromise the member's care.

CDT Code	Description
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications

Legal References

[Minnesota Rules, 9505.5010](#) (Prior Authorization Requirement)

[Minnesota Rules, 9505.5030](#) (Criteria for Approval of Prior Authorization Request)