

Program HH (HIV/AIDS) Dental Authorization Requirement Chart

Revised: [September 28, 2023](#)

For Minnesota Health Care Programs (MHCP) covered dental services that require authorization and are not listed in this section, Program HH follows [MHCP Authorization](#) guidelines. For members eligible for both Medical Assistance (MA) and Program HH, or only Program HH, refer to the following and submit appropriate documentation to the medical review agent.

[Authorization Requirements Table for Children and Pregnant Women](#)

Maxillofacial Prosthetics

Authorization is always required for Maxillofacial Prosthetics.

Submit authorization requests to the medical review agent with the following documentation:
Include in narrative: diagnosis, treatment plan and medical justification for the prosthesis.

CDT code	Description
D5999	Unspecified Maxillofacial prosthesis

Fixed Partial Denture – Pontics

Authorization is always required for fixed dentures or replacement of damaged fixed dentures.

Submit authorization requests to the medical review agent with the following documentation:

- Medical and dental history supporting medical necessity
- Radiographs of the current dental condition
- A complete treatment plan with the long-range prognosis for the remaining dentition

CDT code	Description
D6205	Pontic – Indirect resin-based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – Titanium
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly base metal
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Pontic – provisional

Fixed Partial Denture Retainers – Crowns

Authorization is always required for fixed partial dentures and replacement of damaged fixed partial dentures.

Submit authorization requests for fixed partial dentures to the medical review agent with the following documentation:

- Medical and dental history supporting medical necessity
- Copies of current radiographs of the current dental condition

- A complete treatment plan with the long-range prognosis for the remaining dentition

CDT code	Description
D2712	Crown - ¾ resin-based composite (indirect)
D2720	Crown - Resin with high noble metal
D2721	Crown - Resin with predominantly base metal
D2722	Crown - Resin with noble metal
D2740	Crown - Porcelain or ceramic substrate
D2750	Crown - Porcelain fused to high noble metal
D2751	Crown - Porcelain fused to predominantly base metal
D2752	Crown - Porcelain fused to noble metal
D2780	Crown - ¾ cast high noble metal
D2781	Crown - ¾ cast predominantly base metal
D2782	Crown - ¾ cast noble metal
D2783	Crown - ¾ porcelain or ceramic
D2790	Crown - Full cast high noble metal
D2791	Crown - Full cast predominantly base metal
D2792	Crown - Full cast noble metal
D2794	Crown - Titanium
D2799	Crown - provisional
D6710	Crown – indirect resin-based composite
D6720	Crown – resin with high noble metal
D6721	Crown – resin with predominantly base metal
D6722	Crown – resin with noble metal
D6740	Crown – porcelain/ceramic
D6750	Crown – porcelain fused to high noble metal
D6751	Crown – porcelain fused to predominantly base metal
D6752	Crown – porcelain fused to noble metal
D6780	Crown – ¾ cast high noble metal
D6781	Crown – ¾ cast predominately based metal
D6782	Crown – ¾ cast noble metal
D6783	Crown – ¾ porcelain/ceramic
D6790	Crown – full cast high noble metal
D6791	Crown – full cast predominantly base metal
D6792	Crown – full cast noble metal
D6793	Crown – provisional retainer crown
D6794	Crown – titanium

Oral Surgery

Authorization is always required.

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 its removal.

Submit authorization requests for removal of third molars or impacted teeth to the medical review agent with the following dental history, case information, and documentation **for each tooth** to be extracted:

- Current radiographs and chart documentation
- Objective documentation of at least one of the following symptoms:

- Significant infection
- Acute pain or swelling
- Periodontal disease due to the position of the third molar and its association with the second molar
- Recurrent episodes of pericoronitis
- An episode of cellulitis
- An episode of abscess formation or untreatable pulpal or periapical pathology
- A pathological condition such as a dentigerous cyst or other related pathology
- External resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar
- A carious lesion on a partially erupted third molar

CDT code	Description
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partial bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
D7272	Tooth transplantation
D7283	Placement of device to facilitate eruption of impacted tooth
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy
D7490	Radical resection of maxilla or mandible