

## Dental Authorization Requirement Tables

Revised: [March 12, 2026](#)

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### Overview

Minnesota Health Care Programs (MHCP) offers comprehensive dental benefits. The following codes all require prior authorization through MHCP and the medical review agent. Review [Dental](#) under [Authorization](#) in the MHCP Provider Manual for how to submit authorization requests for dental services. All services requested must be medically necessary and cost-effective.

Radiographs and imaging submitted must be labeled with the patient's name, date of birth, and date of exposure of the image. Imaging (all types) must meet the 2026 American Dental Association recommendations for dental imaging ([American Dental Association and American Academy of Oral and Maxillofacial Radiology patient selection for dental radiography and cone-beam computed tomography](#))

Records and notes submitted must follow the [Minnesota Board of Dentistry](#) and [Minnesota Rules, 3100.9600](#) with respect to dental record keeping. Up-to-date, appropriate information should be maintained and available to demonstrate the medical necessity and effectiveness of the procedure, including but not limited to:

- Treatment records, including periodontal charting and clinical examination records (including tooth charting records).
- Clinical notes that clearly describe the condition and diagnosis of each tooth/surface being treated.
- Comprehensive treatment plans that address acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Diagnostic quality radiographs and imaging.
- Additional pertinent information which support the authorization request. Examples include the following:
  - intra-oral photos or scans to demonstrate a lesion
  - tooth or surface being treated
  - risk assessment(s)
  - notes about the unique status or situation of the member

Clinical notes or additional narratives may be submitted with prior authorization requests when extenuating circumstances exist and are pertinent to the request.

[Minnesota Rules, 9505.5010](#), subpart 1, prescribes the required prior authorization submission materials.

**Note:** The Minnesota Department of Human Services has discontinued the referenced forms DHS-3065 and DHS-3066.

### Diagnostic

Authorization or retro authorization requests for D0150 must include rationale for increased frequency. Rationale examples include the following:

- Second opinion
- Change in provider
- Change in health status of member warranting reevaluation

### Restorative

Authorization requests for restorative treatment must meet the following criteria:

- Dentition and soft tissues must have a good prognosis pocket depth(s) of 6 mm or less.

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, and other periodontal metrics.
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| CDT Code | Description   |
|----------|---|
| D2710    | Crown - resin based composite (indirect)  |
| D2720    | Crown - resin with high noble metal   |
| D2721    | Crown - resin with predominantly base metal   |
| D2722    | Crown - resin with noble metal  |
| D2934    | Prefabricated esthetic coated stainless steel crown - primary tooth                   |
| D2952    | Post and core in addition to crown, indirectly fabricated                             |
| D2953    | Each additional indirectly fabricated post - same tooth                               |
| D2960    | Labial veneer (resin laminate) - chairside  |
| D2961    | Labial veneer (resin laminate) - laboratory   |
| D2962    | Labial veneer (porcelain laminate) - chairside  |
| D2971    | Additional procedures to construct new crown under existing partial denture framework |
| D2975    | Coping  |
| D2999    | Unspecified restorative procedure   |

### Endodontics

A complete treatment plan, including prosthesis and all related services, must be approved prior to the start of treatment. Specific syndromes or conditions do not pre-qualify a member for implant approval.

Requests for dental implants must meet the following criteria:

- Bone and tooth loss that compromises chewing or breathing
- The implants must be medically necessary and cost-effective

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, tissue condition, calculus deposit levels, and tissue condition. This includes a periodontal disease diagnosis and prognosis.
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| CDT Code | Description                   |
|----------|-------------------------------|
| D3460    | Endodontic endosseous implant |

### Periodontics

MHCP covers medically necessary non-surgical periodontal therapy. The classification of the periodontology case type, established by the American Academy of Periodontology, must be included in the request.

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, tissue condition, calculus deposit levels, and tissue condition.. This includes a periodontal disease diagnosis and prognosis.
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. Vertical bite-wings are preferred. X-rays must be labeled with patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| CDT Code | Description   |
|----------|---|
| CDT Code | Description   |
| D4240    | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant                            |
| D4241    | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant                            |
| D4245    | Apically positioned flap  |
| D4249    | Clinical crown lengthening – hard tissue  |
| D4260    | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4261    | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4263    | Bone replacement graft – retained natural tooth – first site in quadrant  |
| D4264    | Bone replacement graft – retained natural tooth – each additional site in quadrant  |

|       |  |
|-------|--|
| D4266 | Guided tissue regeneration – resorbable barrier, per site  |
| D4267 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)   |
| D4268 | Surgical revision procedure, per tooth   |
| D4270 | Pedicle soft tissue graft procedure  |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft   |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)   |
| D4275 | Non-autogenous connective tissue graft procedure (including member surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4276 | Combined connective tissue and double edicle graft, per tooth  |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant   |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant   |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth   |

## Prosthodontics

### Removable Prosthodontics Including Complete and Partial Dentures

Initial placement of complete dentures (D5110, D5120, D5130 and D 5140) under Minnesota Health Care Programs do not require authorization.

All partial dentures require authorization.

All removeable prosthodontics have a service limit of three years. If requesting replacement of existing prosthesis in less than three years from receiving current prosthesis:

- Include the specific reason for the request;
- Specify why the existing full or partial denture cannot be relined, rebased, or repaired to meet the current needs of the member.

Requests for cast metal or flexible base prosthesis must meet 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.
- Dentition must have a good long-term prognosis including minimal mobility of remaining teeth.

### Authorization

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes, including prognosis of remaining dentition which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, tissue condition, calculus deposit levels, and tissue condition. This includes a periodontal disease diagnosis and prognosis
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with

patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| <b>CDT Code</b> | <b>Description</b>  |
|-----------------|---|
| D5211           | Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)  |
| D5212           | Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)   |
| D5213           | Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   |
| D5214           | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)  |
| D5221           | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)  |
| D5222           | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)   |
| D5223           | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)  |
| D5224           | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)  |
| D5225           | Maxillary partial denture – flexible base (including any clasps, rests and teeth)   |
| D5226           | Mandibular partial denture – flexible base (including any clasps, rests and teeth)  |
| D5820           | Interim partial denture (maxillary)   |
| D5821           | Interim partial denture (mandibular)  |
| D5862           | Precision attachment  |
| D5863           | Overdenture – complete maxillary  |
| D5864           | Overdenture – partial maxillary   |
| D5865           | Overdenture – complete mandibular   |
| D5866           | Overdenture – partial mandibular  |
| D5867           | Replacement of replaceable part of semi-precision or precision attachment (male or female component)  |
| D5875           | Modification of removable prosthesis following implant surgery  |
| D5899           | Unspecified removable prosthodontic procedure – to be used as denture adjustment, encounter in preparation for denture/partial, additional visit requiring professional or for the identification of dentures |

### **Fixed Prosthodontics Including Crown and Dental Bridge**

The listed fixed prosthodontic services require authorization.

Authorization requests for fixed prosthodontic treatment must meet the following criteria:

- Dentition must have a good prognosis and minimal mobility.
- Pocket depth of 6 mm or less for the tooth or teeth involved in the crown or bridge.

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, tissue condition, calculus deposit levels, and tissue condition. This includes a periodontal disease diagnosis and prognosis.

- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| <b>CDT Code</b> | <b>Description</b>  |
|-----------------|---|
| 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 and titanium alloys   |
| D6240           | Pontic – porcelain fused to high noble metal  |
| D6241           | Pontic – porcelain fused to predominantly base metal  |
| D6242           | Pontic – porcelain fused to noble metal   |
| D6243           | Pontic – porcelain fused to titanium and titanium alloys  |
| 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           | Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression         |
| D6545           | Retainer – cast metal for resin bonded fixed prosthesis   |
| D6548           | Retainer – porcelain/ceramic for resin bonded fixed prosthesis  |
| D6624           | Retainer inlay – titanium   |
| D6634           | Retainer onlay – titanium   |
| D6710           | Retainer crown – indirect resin-based composite   |
| D6720           | Retainer crown – resin with high noble metal  |
| D6721           | Retainer crown – resin with predominantly base metal  |
| D6722           | Retainer crown – resin with noble metal   |
| D6740           | Retainer crown – porcelain/ceramic  |
| D6750           | Retainer crown – porcelain fused to high noble metal  |
| D6751           | Retainer crown – porcelain fused to predominantly base metal  |
| D6752           | Retainer crown – porcelain fused to noble metal   |
| D6753           | Retainer crown – porcelain fused to titanium and titanium alloys  |
| D6780           | Retainer crown – $\frac{3}{4}$ cast high noble metal  |
| D6781           | Retainer crown – $\frac{3}{4}$ cast predominantly base metal  |
| D6782           | Retainer crown – $\frac{3}{4}$ cast noble metal   |
| D6783           | Retainer crown – $\frac{3}{4}$ porcelain/ceramic  |
| D6784           | Retainer crown – $\frac{3}{4}$ titanium and titanium alloys   |
| D6790           | Retainer crown – full cast high noble metal   |
| D6791           | Retainer crown – full cast predominantly base metal   |
| D6792           | Retainer crown – full cast noble metal  |
| D6793           | Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression |
| D6794           | Retainer crown – titanium and titanium alloys   |
| D6920           | Connector bar   |
| D6940           | Stress breaker  |
| D6950           | Precision attachment  |

|       |                                  |
|-------|----------------------------------|
| D6985 | Pediatric partial denture, fixed |
|-------|----------------------------------|

### Maxillofacial Prosthetics

Submit requests for authorization with the following documentation:

- Medical history that supports medical necessity for the member.
- Additional relevant information not otherwise listed which supports the request for coverage.
- Copies of imaging, radiographs, and/or photographs that demonstrate the current condition
- Complete treatment plan.

| CDT Code | Description                               |
|----------|---|
| D5911    | Facial moulage (sectional)                |
| D5912    | Facial moulage (complete)                 |
| D5937    | Trismus appliance (not for TMD treatment) |
| D5951    | Feeding aid                               |
| D5952    | Speech aid prosthesis, pediatric          |
| D5953    | Speech aid prosthesis, adult              |
| D5954    | Palatal augmentation prosthesis           |
| D5958    | Palatal lift prosthesis, interim          |
| D5959    | Palatal lift prosthesis, modification     |
| D5960    | Speech aid prosthesis, modification       |
| D5982    | Surgical stent                            |
| D5983    | Radiation carrier                         |
| D5984    | Radiation shield                          |
| D5985    | Radiation cone locator                    |
| D5986    | Fluoride gel carrier                      |
| D5987    | Commissure splint                         |

### Implant Services

A complete treatment plan, including prosthesis and all related services, must be approved prior to the start of treatment. Specific syndromes or conditions do not pre-qualify a member for implant approval.

Requests for dental implants must meet the following criteria:

- Bone and tooth loss that compromises chewing or breathing
- The implants must be medically necessary

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Current six-point periodontal charting with clinical attachment loss, recession, bleeding on probing, mobility, tissue condition, calculus deposit levels, and tissue condition. This includes a periodontal disease diagnosis and prognosis.
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with patient name and the date obtained. Do not submit original images; they could be lost and compromise the member's care.

| CDT Code | Description |
|----------|-------------|
|----------|-------------|

|       |  |
|-------|--|
| D6055 | Connecting bar – implant supported or abutment supported   |
| D6056 | Prefabricated abutment – includes modification and placement   |
| D6057 | Custom fabricated abutment – includes placement  |
| D6058 | Abutment supported porcelain/ceramic crown   |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal)   |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal)   |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal)  |
| D6062 | Abutment supported cast metal crown (high noble metal)   |
| D6063 | Abutment supported cast metal crown (predominantly base metal)   |
| D6064 | Abutment supported cast metal crown (noble metal)  |
| D6065 | Implant supported porcelain/ceramic crown  |
| D6066 | Implant supported crown – porcelain fused to high noble alloys   |
| D6067 | Implant supported crown – high noble alloys  |
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial dental (FPD)   |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal)  |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)                                    |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal)   |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal)  |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal)  |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal)   |
| D6075 | Implant supported retainer for ceramic FPD   |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys  |
| D6077 | Implant supported retainer for metal FPD – high noble alloys   |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys   |
| D6083 | Implant supported crown – porcelain fused to noble alloys  |
| D6084 | Implant supported crown – porcelain fused to titanium or titanium alloys   |
| D6086 | Implant supported crown – predominantly base alloys  |
| D6087 | Implant supported crown – noble alloys   |
| D6088 | Implant supported crown – titanium and titanium alloys   |
| D6094 | Abutment supported crown titanium and titanium alloys  |
| D6097 | Abutment supported crown – porcelain fused to titanium or titanium alloys  |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys  |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys   |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys   |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys   |
| D6122 | Implant supported retainer for metal FPD – noble alloys  |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys  |
| D6190 | Radiographic/surgical implant index  |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys   |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys  |

### **Oral and Maxillofacial Surgery**

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 demonstrate pathology to substantiate the medical necessity for its removal, per tooth number.

A referring provider must [release the member's health record](#) to another provider regardless of the [status of the member'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.

### Impacted Teeth

Requests for authorization must include **per tooth** documentation of evidence of pathology along with documentation which supports the medical necessity for **each tooth's** removal, such as:

- Presence of severe pain or swelling with tooth number or quadrant noted
- Documented (dates) episodes of pericoronitis with tooth number or quadrant noted
- An episode of cellulitis, with tooth number or quadrant noted
- An episode of abscess formation or untreatable pulpal or periapical pathology with tooth number noted
- Active current periodontal disease due to the position of the third molar and its association with the second molar. Designate per tooth number in the request.
- External resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar. Indicate tooth number(s).
- A non-restorable 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, including tooth number(s)
- A pathological condition such as a dentigerous cyst or other related pathology. Indicate with tooth number or quadrant
- Other conditions as deemed medically necessary (must include narrative)

A coronectomy instead of complete extraction can be provided if the following criteria is met:

- The tooth must demonstrate pathology or medical necessity with high risk of inferior alveolar nerve (IAN) injury to justify coronectomy. The anatomy must be amenable to complete removal of enamel and reduction of the remaining tooth structure to 3mm below the level of the bone
- The tooth must not be mobile
- The tooth must not be actively infected (chronic periodontitis on the adjacent second molar is acceptable)
- The tooth must not have a cyst or tumor associated with it
- The tooth must not have decay into the pulp

PA requests for coronectomy **MUST** include a screen shot of the pertinent sections only of the CBCT. These must be of diagnostic quality with respect to the tooth or teeth being requested for PA, and clearly labeled according to Board of Dentistry protocol.

Submit authorization requests with the following documentation:

- Documentation of pain and/or pathology **for each tooth** requested for approval, by tooth number in the dental record, and submitted with prior authorization request.
- **Designate pain and/or pathology per tooth number.** Periodontal charting for the tooth or teeth being requested for extraction, if erupted.
- Copies of imaging (radiographs, scans, photographs) which demonstrate the dental condition of the tooth/surface, teeth, or soft tissue involved with the request. X-rays must be labeled with patient name and the date obtained. Do not submit original images; 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                          |
| D7251 | Coronectomy – intentional partial tooth removal   |
| D7252 | Partial extraction for immediate implant placement  |
| D7272 | Tooth transplantation (includes re-implantation from one site to another and splinting and stabilization) |
| D7283 | Placement of device to facilitate eruption of impacted tooth  |
| D7290 | Surgical repositioning of teeth   |
| D7291 | Transseptal fibrotomy/supra crestal fibrotomy   |
| D7490 | Radical resection of maxilla or mandible  |
| D7880 | Occlusal orthotic device  |
| D7899 | Unspecified TMD therapy   |
| D7953 | Bone replacement graft for ridge preservation – per site  |

## Orthodontics

Effective Jan. 1, 2022, MHCP is following the American Association of Orthodontists (AAO) 2019 "Medically Necessary Orthodontics Parameters" for coverage of orthodontic treatment.

The AAO defines "medically necessary orthodontics" as "orthodontic services to prevent, diagnose, minimize, alleviate, correct, or resolve a malocclusion (including craniofacial abnormalities and traumatic or pathologic anatomical deviations) that cause pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity.

Requests for comprehensive or interceptive orthodontic treatment must meet one or more of the following criteria:

- Overjet greater than 9 mm
- Reverse overjet greater than 3.5 mm
- Anterior or posterior cross bite, or both, of three or more teeth per arch
- Lateral or anterior open bite 2 mm or more; of four or more teeth per arch
- Impinging overbite with evidence of occlusal contact into the opposing soft tissue
- Impactions where eruption is impeded but extraction is not indicated (excluding third molars)
- Jaws or dentition, or both, which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology
- Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant
- Crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars).
- Other conditions as deemed medically necessary (must include narrative)

Submit requests for orthodontic authorization with the following documentation:

- [ADA Dental Claim Form](#) or supporting clinical documentation identifying the noted qualifying criteria and associated tooth numbers, or measurements, as required.
- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage.
- Comprehensive treatment plan that addresses acute findings (infections, dental caries, periodontal conditions and so on) and oral function.
- Appropriate radiographs (panoramic or full mouth series and cephalometric).
- Five intra-oral photographs labelled with the patient name and date taken: upper and lower occlusal and profile photographs should be included.
- Specific treatment plan and appliance listed by CDT code on the ADA claim form.

| <b>CDT Code</b> | <b>Description</b>  |
|-----------------|---|
| D8010           | Limited orthodontic treatment of the primary dentition  |
| D8020           | Limited orthodontic treatment of the transitional dentition   |
| D8030           | Limited orthodontic treatment of the adolescent dentition   |
| D8040           | Limited orthodontic treatment of the adult dentition  |
| D8070           | Comprehensive orthodontic treatment of the transitional dentition   |
| D8080           | Comprehensive orthodontic treatment of the adolescent dentition   |
| D8090           | Comprehensive orthodontic treatment of the adult dentition  |
| D8091           | Comprehensive orthodontic treatment with orthognathic surgery   |
| D8210           | Removable appliance therapy   |
| D8220           | Fixed appliance therapy   |
| D8670           | Periodic orthodontic treatment visit  |
| D8671           | Periodic orthodontic treatment visit associated with orthognathic surgery                                 |
| D8680           | Orthodontic retention (removal of appliances, construction and placement of retainers)                    |
| D8681           | Removable orthodontic retainer adjustment   |
| D8999           | Unspecified orthodontic procedure – to be used as initial placement, initial banding or initial treatment |

### **Adjunctive General Services**

Submit requests for authorization with the following documentation:

- Current dental hard tissue (tooth) charting including existing restorations, caries, hard-tissue pathology, and other examination notes which support the request for coverage. This includes a dental treatment plan.
- Comprehensive treatment plan that addresses findings and oral function.
- Copies of radiographs that demonstrate the current dental condition.
- Other conditions as deemed medically necessary (include narrative).

| <b>CDT Code</b> | <b>Description</b>   |
|-----------------|--|
| D9941           | Fabrication of athletic mouth guard                            |
| D9952           | Occlusal adjustment – complete                                 |
| D9971           | Odontoplasty 1-2 teeth; includes removal of enamel projections |
| D9972           | External bleaching – per arch – performed in office            |
| D9973           | External bleaching – per tooth                                 |
| D9974           | Internal bleaching – per tooth                                 |
| D9999           | Unspecified adjunctive procedure                               |

### **Legal References**

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

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

American Association of Orthodontists House of Delegates 2019 (Criteria for requests for comprehensive or interceptive orthodontic treatment)