

HPSM Dental Code Authorizations List

Prior authorizations require a narrative to determine medical necessity. Providers do not need to send x-rays or images. For guidelines to determine medical necessity:

https://www.dental.dhcs.ca.gov/MCD_documents/providers/MOC_CDT23_Apr_1.pdf. To search the list by code or keyword, press the Ctrl + F keys on your keyboard then type in the box that pops up.

Periodontal General Policies (D4000-D4999): Prior authorization perio codes below. See Medi-Cal Dental MOC for additional information.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D4210	gingivectomy or gingivoplasty 4+ teeth	Once per quad in a 36-month period
D4211	gingivectomy or gingivoplasty 3 or less teeth	
D4260	osseous surgery	
D4261	osseous surgery	
D4999	perio unspecified	

Maxillofacial Prosthetics General Policies (D5900-D5999): See Medi-Cal Dental handbook for required written documentation.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D5937	trismus appliance	
D5958	palatal lift prosthesis	
D5986	fluoride gel carrier	
D5988	surgical splint	
D5999	unspecified maxillofacial prosthesis	

Implant Services General Policies (D6000-D6199): Only when *exceptional medical conditions* are documented and share be reviewed for medical necessity (D6100-D6199); cancer, severe atrophy and cannot be corrected with vestibular extension procedures or osseous augmentation procedures and the patient is unable to function with conventional prostheses, skeletal deformities that preclude the use of conventional prostheses, traumatic destruction of the jaw. Single tooth implants are not a benefit of the HPSM Dental.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D6010	surgical placement of implant body: endosteal implant	
D6040	surgical placement: eposteal implant	
D6050	surgical placement: transosteal implant	
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 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)	Entire code set is complex and covered in very limited circumstances.
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	
D6090	repair implant supported prosthesis	
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	
D6094	abutment supported crown titanium and titanium alloys	
D6095	repair implant abutment	
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	
D6199	unspecified implant procedure	

Fixed Prosthodontics General Policies (D6200-D6999): Code set D6200-D6999 is considered beyond the scope of HPSM dental; *should be considered only when medical conditions or employment preclude the use of a removable partial denture*; patient shall first meet criteria for a removable partial denture before fixed partial denture will be considered. Medical conditions include: epilepsy, paraplegia, neurological disorder; For employment: requires written statement from patient's case manager or eligibility worker; includes additional notes about prognosis and other clinical criteria.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D6211	pontic-cast base metal	
D6241	pontic-PFM	
D6245	pontic-porcelain/ceramic	
D6251	pontic-resin with base metal	
D6721	crown-resin with base metal	Employment or medical reasons: over age 13 and when meets criteria for resin partial or cast partial
D6740	crown-porcelain/ceramic	
D6751	crown-PFM	
D6781	3/4 crown cast base metal	
D6783	3/4 crown porcelain/ceramic	
D6790	crown-full cast high noble metal	
D6791	crown-full cast crown base metal	

D6792	crown-full cast noble metal	
D6999	unspecified fixed prosthodontic procedure	

Oral and Maxillofacial Surgery General Policies (D7000-D7999): Reference Medi-Cal dental MOC for specific written requirements.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D7280	surgical access of unerupted tooth	
D7283	placement of device to facilitate eruption of impacted tooth	
D7290	surgical repositioning of teeth	
D7340	vestibuloplasty-ridge extension	
D7350	vestibuloplasty-ridge extension	
D7840	condylectomy	
D7850	surgical discectomy	
D7852	disc repair	
D7854	synovectomy	
D7858	joint reconstruction	
D7860	arthrotomy	
D7865	arthroplasty	
D7872	arthroscopy	
D7873	arthroscopy	
D7874	arthroscopy	
D7875	arthroscopy	
D7876	arthroscopy	
D7877	arthroscopy	
D7880	occlusal orthotic device	
D7899	TMD-unspecified	
D7940	osteoplasty	
D7941	osteotomy-rami	
D7943	osteotomy-rami with bone graft	
D7944	osteotomy	
D7945	osteotomy	
D7950	bone graft	
D7951	sinus augmentation	
D7955	repair of hard or soft tissue defect	
D7991	coronoidectomy	

D7995	synthetic graft	
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Orthodontic General Policies (D8000-D8999): Requires an orthodontist; benefit for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under 21; permanent dentition medically necessary handicapping or 13+ with retained primary; cleft palate or craniofacial anomaly primary, mixed or permanent; extensive list of rules that your orthodontists will manage (likely university affiliated for example). Must have HLD score of 21 or greater or meet one of the automatic qualifying criteria.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D8080	comprehensive ortho	
D8210	removable appliance therapy	
D8220	fixed appliance therapy	
D8660	pre-ortho visit	
D8670	periodic ortho treatment visit	
D8680	orthodontic retention (removal of appliances, construction and placement of retainers)	
D8999	unspecified orthodontic procedure	

Adjunctive General Policies (D9000-D9999): See below for limitations; only one level of anesthesia is payable per date of service.

Code	Description	Benefit Notes (Not Fully Comprehensive)
D9222	Deep sedation/general anesthesia – first 15 minutes	Severe mental/physical handicap, extensive surgical procedure uncooperative child, acute infection at injection site, failure of LA to control pain
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	
D9950	occlusion analysis-mounted case	Requires written documentation history of and diagnosis; age 13+, for diagnosed TMJ dysfunction only; not for bruxism
D9952	occlusal adjustment	Must be preceded by D9950
D9999	unspecified adjunctive	