

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DENTAL SERVICES-Under Age 21

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIREMENT- Dates of service thru 04/30/2025	PRIOR AUTH REQUIREMENT- Dates of service from 05/01/2025	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
D0120	PERIODIC ORAL EXAMINATION- ESTABLISHED PATIENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year	Not reimbursable with: D0140, D0145, D0150 or D9310
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	Emergent	Not reimbursable with: D0120, D0145, D0150, or D9310
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	DENTAL- OFFICE	Required - Beyond Service Limits	NO	<= 3	PRICED	1 per 6 months Age restriction up to 36 months	Not reimbursable with: D0120, D0140, D0150 or D9310
D0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	Not reimbursable with: D0120, D0140, D0145, D9310
D0210	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not reimbursable with: D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0220	INTRAORAL-PERAPICAL, FIRST RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per day	Not reimbursable with: D0210 and D0240
D0230	INTRAORAL-PERAPICAL, EACH ADDITIONAL RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	8 per 3 months	Not reimbursable with: D0210 and D0240 Must be billed with D0220
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	2 per calendar year	Not reimbursable with: D0210 and D0220, D0230
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	4 per 3 years	
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	4 per calendar year	Not reimbursable with: D0210, D0272, D0273, D0274
D0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	Not reimbursable with: D0210, D0273, D0274
D0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	Not reimbursable with: D0210, D0272, D0274
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	Not reimbursable with: D0210, D0272, D0273
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		
D0330	PANORAMIC RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 3 years	
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	
D0372	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0373	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0374	INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0387	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	

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D0388	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0389	INTRAORAL TOMOSYNTHESIS-PERiapical RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0470	DIAGNOSTIC CASTS	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	2 per calendar year	
D0801	3D INTRAORAL SURFACE SCAN – DIRECT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0802	3D DENTAL SURFACE SCAN - INDIRECT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0803	3D FACIAL SURFACE SCAN - DIRECT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D0804	3D FACIAL SURFACE SCAN - INDIRECT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D1110	PROPHYLAXIS-ADULT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 6 months	Not reimbursable with: D1120
D1120	PROPHYLAXIS-CHILD	DENTAL- OFFICE	Required - Beyond Service Limits	NO	>=3 and <=12	PRICED	1 per 6 months	Not reimbursable with: D1110
D1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	>=6 months and <=21	PRICED	2 per calendar year	Not reimbursable with: D1208
D1208	TOPICAL APPLICATION OF FLUORIDE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	>=3 YEARS and <=21	PRICED	2 per calendar year	Not reimbursable with: D1206
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	>=12 YEARS and <=21	PRICED	2 per calendar year	
D1351	SEALANT – PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 sealant per tooth per 3 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1353	SEALANT REPAIR PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 sealant repair per tooth per 2 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1354	INTERIM CRIES ARRESTING MEDICAMENT APPLICATION	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	2 per tooth per year	
D1510	SPACE MAINTAINER-FIXED-UNILATERAL, PER QUADRANT (EXCLUDES A DISTAL SHOE SPACE MAINTAINER)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	4 per calendar year	(Excludes a distal shoe space maintainer) Per quadrant (UR,UL,LL,LR) must be specified on request
D1516	SPACE MAINTAINER-FIXED-BILATERAL, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	Upper arch or lower arch must be specified on request
D1517	SPACE MAINTAINER-FIXED-BILATERAL, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	Upper arch or lower arch must be specified on request
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL PER QUADRANT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	4 per calendar year	Per quadrant (UR,UL,LL,LR) must be specified on request
D1526	SPACE MAINTAINER-REMOVABLE-BILATERAL, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	Per quadrant (UR,UL,LL,LR) must be specified on request
D1527	SPACE MAINTAINER-REMOVABLE-BILATERAL, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	Per quadrant (UR,UL,LL,LR) must be specified on request

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D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER – PER QUADRANT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per calendar year	
D1575	DISTAL SHOE SPACE MAINTAINER-FIXED-UNILATERAL PER QUADRANT, FABRICATION AND DELIVERY OF FIXED APPLIANCE EXTENDING SUBGINGIVALLY AND DISTALLY TO GUIDE THE ERUPTION OF THE FIRST PERMANENT MOLAR. DOES NOT INCLUDE ONGOING FOLLOW-UP OR ADJUSTMENTS, OR REPLACEMENT APPLIANCES, ONCE THE TOOTH HAS ERUPTED	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	The limit of 4 per calendar year per quadrant is considered a HARD CAP- if a request needs to be reviewed for PA due to some special circumstance the request must be submitted on the dental form requesting an exception.	
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-32) must be specified on request. Radiographs with documentation must be documented in the medical record for date of service
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-32) must be specified on request. Radiographs with documentation must be documented in the medical record for date of service
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-32) must be specified on request. Radiographs with documentation must be documented in the medical record for date of service
D2161	AMALGAM-FOUR OR MORE SURFACE, PRIMARY OR PERMANENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-32) must be specified on request. Radiographs with documentation must be documented in the medical record for date of service
D2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (6-11, 22-27, C-H, M-R) must be indicated on request. Radiographs with documentation must be documented in the medical record for date of service
D2331	RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (6-11, 22-27, C-H, M-R) must be indicated on request. Radiographs with documentation must be documented in the medical record for date of service

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D2332	RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (6-11, 22-27, C-H, M-R) must be indicated on request. Radiographs with documentation must be documented in the medical record for date of service
D2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (6-11, 22-27, C-H, M-R) must be indicated on request. Radiographs with documentation must be documented in the medical record for date of service
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per 3 years	Tooth number (6-11, 22-27, C-H, M-R) must be indicated on request. Radiographs with documentation must be documented in the medical record for date of service
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-5, 12-21, 28-32, A,B,I,J,K,L,S,T) must be indicated on request Radiographs with documentation must be documented in the medical record for date of service
D2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-5, 12-21, 28-32, A,B,I,J,K,L,S,T) must be indicated on request Radiographs with documentation must be documented in the medical record for date of service
D2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-5, 12-21, 28-32, A,B,I,J,K,L,S,T) must be indicated on request Radiographs with documentation must be documented in the medical record for date of service
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	5 surfaces per tooth number per 3 years	Tooth number (1-5, 12-21, 28-32, A,B,I,J,K,L,S,T) must be indicated on request Radiographs with documentation must be documented in the medical record for date of service
D2740	CROWN- PORCELAIN/CERAMIC	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per 5 years	
D2751	CROWN-PORCELAIN FUSED TO PREDOMINATELY BASE METAL	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 tooth number per 5 years	Documentation needed identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T
D2791	CROWN-FULL CAST PREDOMINATELY BASE METAL	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 tooth number per 5 years	Documentation needed identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T
D2920	RECEMENT CROWN	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per tooth number per 1 calendar year	Specific tooth must be documented in request.
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN- PRIMARY TOOTH	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per tooth number per 1 calendar year	NEW CODE FOR 2023
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per tooth number per 1 calendar year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.

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D2931	PREFABRICATED STAINLESS STEEL CROWN- PERMANENT TOOTH	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per tooth number per 1 calendar year	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2932	PREFABRICATED RESIN CROWN	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per tooth number per 1 calendar year	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Tooth numbers 1-32 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per tooth number per 1 calendar year	
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per tooth number	Tooth number(s) 1-32, A-T, must be documented in request. Not allowed in conjunction with root canal therapy,, pulpotomy, pulpectomy or on the same date of service as a restoration.
D2950	CORE BUILUP, INCLUDING ANY PINS	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year per tooth number	Tooth number(s) 1-32, A-T must be documented in request.
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per 3 years per tooth number	Tooth number(s) 1-32, A-T must be documented in request.
D2952	POST AND CORE IN ADDITION TO CROWN (INDIRECTLY FABRICATED)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 3 years per tooth number	Tooth number(s) 1-32, A-T must be documented in request.
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 3 years per tooth number	Tooth number(s) 1-32, A-T must be documented in request.
D2976	BAND STABILIZATION - PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	NEW CODE FOR 2024
D2991	APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT - PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	NEW CODE FOR 2024
D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per 3 years per tooth number	Not reimbursable with: D3310, D3320, D3330
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)-REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 per 3 years per tooth number	Tooth number(s) 1-32, A-T must be documented in request. Not reimbursable with D3310, D3320, or D3330. To be performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with: D3220, D3320, or D3330

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D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATIONS)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on request Not reimbursable with: D3220, D3310, or D3330. To be performed on primary or permanent teeth
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATIONS)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth numbers 1-3, 14-19, 30-32 and primary teeth A, B, I, J, K, L, S and T, if no permanent successor present, must be documented on request. Not reimbursable with: D3220, D3310, or D3330. To be performed on primary or permanent teeth
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth number 6-11 and 22-27 must be documented.
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Tooth number 1-3, 14-19, and 30-32 must be documented.
D3351	APEXIFICATION/RECALCIFICATION/PUPAL REGENERATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED		Tooth numbers 1-32 must be documented
D3352	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	3 treatments per tooth number per lifetime	Tooth numbers 1-32 must be documented
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFYIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	1 tooth number per lifetime	Tooth numbers 1-32 must be documented
D3410	APICECTOMY/PERIRADICULAR SURGERY-ANTERIOR	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Documentation needed and tooth number(s), and radiographs as appropriate. Tooth numbers 6-11, 22-27 must be documented
D3421	APICECTOMY – PREMOLAR (FIRST ROOT)	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 tooth number per lifetime	Documentation needed and tooth number(s), and radiographs as appropriate. Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 must be documented
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 quadrant per 1 calendar year	Documentation needed, identification of the quadrant(s) and radiographs as appropriate. Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4211.

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIREMENT- Dates of service thru 04/30/2025	PRIOR AUTH REQUIREMENT- Dates of service from 05/01/2025	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 quadrant per 1 calendar year	Documentation needed, identification of the quadrant(s) and radiographs as appropriate. Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4210.
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 quadrant per 1 calendar year	Documentation needed, identification of the quadrant(s) and radiographs as appropriate. Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4210.
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 quadrant per 1 calendar year	Documentation needed, identification of the quadrant(s) and radiographs as appropriate. Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4210.
D4341	PERIODONTAL SCALING AND ROOT PLANING- FOUR/MORE TEETH PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 quadrant per 1 calendar year	Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4342.
D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE - THREE TEETH, PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 quadrant per 1 calendar year	Quadrants are defined as 10 UR, 20 UL, 30 LL, 40 LR. Not reimbursable with: D4341.
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 PER 2 YEARS	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A PERIODONTAL ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 6 months	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D5110	COMPLETE DENTURE-MAXILLARY	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	
D5120	COMPLETE DENTURE-MANDIBULAR	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	
D5130	IMMEDIATE DENTURE-MAXILLARY	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	
D5140	IMMEDIATE DENTURE-MANDIBULAR	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	
D5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CASE METAL(INCLUDING CLASPS AND TEETH), MAXILLARY	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.

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D5283	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CASE METAL(INCLUDING CLASPS AND TEETH), MANDIBULAR	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE FLEXIBLE BASE (INCLUDING CLASPS AND TEETH) – PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE RESIN (INCLUDING CLASPS AND TEETH) – PER QUADRANT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years.	Partials and complete dentures may not be re-based or re-lined within a period of 1 year after construction.
D5410	ADJUST COMPLETE DENTURE, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	3 per calendar year	Adjustments not covered within 3 months of placement
D5411	ADJUST COMPLETE DENTURE, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	3 per calendar year	Adjustments not covered within 3 months of placement
D5421	ADJUST PARTIAL DENTURE, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	3 per calendar year	Adjustments not covered within 3 months of placement
D5422	ADJUST PARTIAL DENTURE, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	3 per calendar year	Adjustments not covered within 3 months of placement
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per tooth number	Tooth numbers 1-32 must be documented.
D5611	REPAIR RESIN DENTURE BASE, MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5612	REPAIR RESIN DENTURE BASE, MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5621	REPAIR CAST FRAMEWORK.MANDIBULAR	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5622	REPAIR CAST FRAMEWORK.MAXILLARY	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year per arch	Upper arch or Lower arch must be specified on request
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS – PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year	
D5640	REPLACE BROKEN TEETH-PER TOOTH	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year	Tooth number 1-32 must be documented
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	2 per calendar year	Tooth number 1-32 must be documented
D5710	REBASE COMPLETE MAXILLARY DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 5 years	
D5711	REBASE COMPLETE MANDIBULAR DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 5 years	
D5720	REBASE MAXILLARY PARTIAL DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 5 years	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 5 years	

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D5730	RELIN COMPLETE MAXILLARY DENTURE (DIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5731	RELIN COMPLETE MANDIBULAR DENTURE (DIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5740	RELIN MAXILLARY PARTIAL DENTURE (DIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5741	RELIN MANDIBULAR PARTIAL DENTURE (DIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5750	RELIN COMPLETE MAXILLARY DENTURE (INDIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5751	RELIN COMPLETE MANDIBULAR DENTURE (INDIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5760	RELIN MAXILLARY PARTIAL DENTURE (INDIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5761	RELIN MANDIBULAR PARTIAL DENTURE (INDIRECT)	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per 2 years	Not covered within 6 months of placement unless it is for an immediate denture
D5899	UNSPECIFIED REMOVABLE PROSTHODONTICS PROCEDURE, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D5911	FACIAL MOULAGE (SECTIONAL)	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5912	FACIAL MOULAGE (COMPLETE)	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5913	NASAL PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5914	AURICULAR PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years	Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5915	ORBITAL PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5916	OCULAR PROSTHESIS PROSTHETIC EYE, PLASTIC, CUSTOM, PROSTHETIC EYE, OTHER TYPE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.

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D5919	FACIAL PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5924	CRANIAL PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5931	OBTURATOR PROSTHESIS, SURGICAL	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5933	OBTURATOR PROSTHESIS, MODIFICATION	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5937	TRISMUS APPLIANCE (NOT FOR TEMPOROMANDIBULAR JOINT DYSFUNCTION TREATMENT)	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5951	FEEDING AID	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.

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D5954	PALATAL AUGMENTATION PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5982	SURGICAL STENT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5983	RADIATION CARRIER	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5984	RADIATION SHIELD	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5985	RADIATION CONE LOCATOR	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5986	FLUORIDE GEL CARRIER	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5987	COMMISSURE SPLINT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification Required.
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation, and description of procedure to be preformed is needed. Oral and maxillofacial or prosthodontist certification Required.
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D6545	RETAINER CASE METAL FOR RESIN BONDED FIXED PROSTHESIS	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration.

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D6930	RECEMENT FIXED PARTIAL DENTURE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 per calendar year	
D6999	UNSPECIFIED, FIXED PROSTHODONTIC PROCEDURES, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	DENTAL- OFFICE	Required - Beyond Service Limits	Required - Beyond Service Limits	NO RESTRICTION	PRICED		NEW CODE FOR 2024
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	DENTAL- OFFICE	Required - Beyond Service Limits	Required - Beyond Service Limits	NO RESTRICTION	PRICED	1 quadrant per lifetime	Quadrant UR, UL, LL, LR must also be documented
D7340	VESTIBULOPLASTY – RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Documentation needed and radiographs as appropriate
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	DENTAL- OFFICE	REQUIRED	REQUIRED	NO RESTRICTION	PRICED		Documentation needed with radiographs as appropriate.
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age 9-27	PRICED	1 per calendar year	
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED		Documentation needed with radiographs as appropriate.
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED		
D7810	OPEN REDUCTION OF DISLOCATION	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7820	CLOSED REDUCTION OF DISLOCATION	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7830	MANIPULATION UNDER ANESTHESIA	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT.	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Not reimbursable with: D7852
D7852	DISC REPAIR	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Not reimbursable with: D7850
D7858	JOINT RECONSTRUCTION	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7865	ARTHROPLASTY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		

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D7870	ARTHROCENTESES	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7872	ARTHROSCOPY-DIAGNOSIS WITH BIOPSY OR WITHOUT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7873	ARTHROSCOPY-SURGICAL; LAVAGE & LYSIS OF ADHESIONS	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7874	ARTHROSCOPY-SURGICAL, DISC REPOSITIONING & STABILIZATION	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7876	ARTHROSCOPY-SURGICAL, DISCECTOMY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7877	ARTHROSCOPY-SURGICAL, DEBRIDEMENT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7880	OCCCLUSAL ORTHOTIC DEVICE, BY REPORT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	Covered only for temporomandibular pain dysfunction or associated musculature.	Documentation needed with radiographs as appropriate.
D7911	COMPLICATED SUTURE - UP TO 5CM	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	1 unit per day	Excludes closure of surgical incisions Not reimbursable with: D7912
D7912	COMPLICATED SUTURE - GREATER THAN 5CM	DENTAL- OFFICE	Required - Beyond Service Limits	Required - Beyond Service Limits	NO RESTRICTION	PRICED	1 unit per day	Excludes closure of surgical incisions Not reimbursable with: D7911
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7941	OSTEOTOMY-MANDIBULAR RAMI	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7943	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT, INCLUDES OBTAINING THE GRAFT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEXTANT OR QUADRANT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7946	LEFORT I (MAXILLA-TOTAL)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7947	LEFORT I (MAXILLA-SEGMENTED)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MID-FACE HYPOPLASIA OR RETRUSION)- WITHOUT BONE GRAFT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7949	LEFORT II OR LEFORT III -WITH BONE GRAFT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7950	OSSEOUS, OSTEOPERIOSTEAL OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES-AUTHOGENOUS OR NONAUTOGENOUS, BY REPORT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7956	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age 9-27	PRICED	1 per calendar year	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DENTAL SERVICES-Under Age 21

For Non-MCO enrolled Member benefit verification, CPT/HCPSC code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIREMENT- Dates of service thru 04/30/2025	PRIOR AUTH REQUIREMENT- Dates of service from 05/01/2025	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
D7957	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - NON-RESORBABLE BARRIER, PER SITE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	Age 9-27	PRICED	1 per calendar year	
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		UA/LA must be documented
D7979	NON-SURGICAL SIALOLITHOTOMY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7980	SURGICAL SIALOLITHOTOMY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7982	SIALODOCHOPLASTY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7991	CORONOIDECTOMY	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	DENTAL- OFFICE	REQUIRED	REQUIRED	NO RESTRICTION	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	2 per calendar year	Documentation, radiographs, and dental molds
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	2 per calendar year	Documentation, radiographs, and dental molds
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	2 per calendar year	Documentation, radiographs, and dental molds
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	2 per calendar year	Documentation, radiographs, and dental molds
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	Documentation, radiographs, and dental molds
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	Documentation, radiographs, and dental molds
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	Documentation, radiographs, and dental molds
D8210	REMOVABLE APPLIANCE THERAPY	ORTHODONTIA	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	2 per lifetime	2 per lifetime
D8220	FIXED APPLIANCE THERAPY	ORTHODONTIA	Required - Beyond Service Limits	NO	Age <= 20 years old	PRICED	2 per calendar year	
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Documentation, radiographs, and dental molds

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DENTAL SERVICES-Under Age 21

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIREMENT- Dates of service thru 04/30/2025	PRIOR AUTH REQUIREMENT- Dates of service from 05/01/2025	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCE(S) – OTHER THAN AT CONCLUSION OF TREATMENT	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED		Radiographs and Documenation Required
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER – MAXILLARY	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER – MANDIBULAR	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER – MAXILLARY	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER – MANDIBULAR	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	PRICED	1 per lifetime	
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	ORTHODONTIA	REQUIRED	REQUIRED	Age <= 20 years old	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	DENTAL- OFFICE	Required - Beyond Service Limits	NO	NO RESTRICTION	PRICED	Maximum 1 unit per day	Not reimburseable with: D9222, D9223, D9239 & D9243
D9944	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED		
D9945	OCCLUSAL GUARD-soft APPLIANCE, FULL ARCH	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	PRICED		
D9946	OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		
D9951	OCCLUSAL ADJUSTMENT - LIMITED	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	DENTAL- OFFICE	REQUIRED	NO	Age <= 20 years old	PRICED		
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	DENTAL- OFFICE	REQUIRED	NO	NO RESTRICTION	NOT PRICED		This code should be used only if a more specific code is not available. Radiographs, documentation and description of procedure to be performed is Required
EPSDT	EPSDT SERVICE	DENTAL- OFFICE	REQUIRED	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
OON Service	OUT-OF-NETWORK SERVICE	DENTAL- OFFICE	REQUIRED	REQUIRED	NO RESTRICTION	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.