

Medical Necessity-Based Dental Services

Policy Number: DCP049.01
Effective Date: October 1, 2026

[Instructions for Use](#)

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Related Medical Policies

- [Obstructive and Central Sleep Apnea Treatment](#)
- [Orthognathic \(Jaw\) Surgery](#)
- [Treatment of Temporomandibular Joint Services](#)

Coverage Rationale

Note: Services that are medical in nature may be eligible for coverage under the member's medical benefit plan rather than the dental benefit plan.

Dental codes that are not represented by a specific policy are reviewed based on the principles of [Medical Necessity](#):

- In accordance with generally accepted [Standards of Care](#); and
- Are clinically appropriate in terms of type, frequency, extent, care delivery site, and duration; and
- Not primarily for the convenience of the patient, treating physician, or other health care provider, provided that convenience shall not be the sole basis for denial where clinical appropriateness is otherwise established
- Diagnostic procedures (e.g., radiographs, examinations, biopsies) are based on individual member findings, and performed only when they are expected to have a significant impact on diagnosis, treatment planning, and member outcomes

Definitions

Medical Necessity: Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider. (AMA)

Standard of Care: A level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. It is a legal, not a medical definition. (Vanderpool)

Applicable Codes

The attached list of procedure codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, and such codes shall be subject to medical necessity review. Other policies and guidelines may apply.

CDT Code	Description
D0120	Periodic oral evaluation - established patient
D0140	Limited oral evaluation - problem focused

CDT Code	Description
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	Comprehensive oral evaluation - new or established patient
D0160	Detailed and extensive oral evaluation – problem focused, by report
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)
D0171	Re-evaluation – post-operative office visit
D0180	Comprehensive periodontal evaluation - new or established patient
D0190	Screening of a patient
D0191	Assessment of a patient
D0210	Intraoral – comprehensive series of radiographic images
D0220	Intraoral - periapical first radiographic image
D0230	Intraoral - periapical each additional radiographic image
D0240	Intraoral - occlusal radiographic image
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing - single radiographic image
D0272	Bitewings - two radiographic images
D0273	Bitewings - three radiographic images
D0274	Bitewings - four radiographic images
D0277	Vertical bitewings - 7 to 8 radiographic images
D0310	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D0369	Maxillofacial MRI capture and interpretation
D0370	Maxillofacial ultrasound capture and interpretation
D0371	Sialoendoscopy capture and interpretation
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images
D0373	Intraoral tomosynthesis – bitewing radiographic image
D0374	Intraoral tomosynthesis – periapical radiographic image
D0385	Maxillofacial MRI image capture
D0386	Maxillofacial ultrasound image capture
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only
D0396	3D printing of a 3D dental surface scan
D0472	Accession of tissue, gross examination, preparation and transmission of written report
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475	Decalcification procedure
D0476	Special stains for microorganisms

CDT Code	Description
D0477	Special stains, not for microorganisms
D0478	Immunohistochemical stains
D0479	Tissue in-situ hybridization, including interpretation
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0481	Electron microscopy
D0482	Direct immunofluorescence
D0483	Indirect immunofluorescence
D0484	Consultation on slides prepared elsewhere
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0502	Other oral pathology procedures, by report
D0601	Caries risk assessment and documentation, with a finding of low risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
D0701	Panoramic radiographic image – image capture only
D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0705	Extra-oral posterior dental radiographic image – image capture only
D0706	Intraoral – occlusal radiographic image – image capture only
D0707	Intraoral – periapical radiographic image – image capture only
D0708	Intraoral – bitewing radiographic image – image capture only
D0709	Intraoral – comprehensive series of radiographic images – image capture only
D0801	3D intraoral surface scan – direct
D0802	3D dental surface scan – indirect
D0803	3D facial surface scan – direct
D0804	3D facial surface scan – indirect
D0999	Unspecified diagnostic procedure, by report
D1110	Prophylaxis - adult
D1120	Prophylaxis - child
D1301	Immunization counseling
D1310	Nutritional counseling for control of dental disease
D1320	Tobacco counseling for the control and prevention of oral disease
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D1330	Oral hygiene instructions
D1701	Pfizer-biontech Covid-19 vaccine administration – first dose
D1702	Pfizer-biontech Covid-19 vaccine administration – second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration – second dose
D1708	Pfizer-biontech Covid-19 vaccine administration – third dose
D1709	Pfizer-biontech Covid-19 vaccine administration – booster dose
D1710	Moderna Covid-19 vaccine administration – third dose
D1711	Moderna Covid-19 vaccine administration – booster dose
D1713	Pfizer-biontech Covid-19 vaccine administration tris-sucrose pediatric – first dose

CDT Code	Description
D1714	Pfizer-biontech Covid-19 vaccine administration tris-sucrose pediatric – second dose
D1720	Influenza vaccine administration
D1781	Vaccine administration – human papillomavirus – Dose 1
D1782	Vaccine administration – human papillomavirus – Dose 2
D1783	Vaccine administration – human papillomavirus – Dose 3
D2989	Excavation of a tooth resulting in the determination of non-restorability
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)
D5909	Maxillary guidance prosthesis with guide flange
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentation implant prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5930	Maxillary guidance prosthesis without guide flange
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5934	Mandibular guidance prosthesis with guide flange
D5935	Mandibular guidance prosthesis without guide flange
D5936	Obturator prosthesis, interim
D5937	Trismus appliance (not for TMD treatment)
D5938	Resection prosthesis, maxillary complete removable
D5939	Resection prosthesis, mandibular complete removable
D5940	Resection prosthesis, maxillary partial removable
D5941	Resection prosthesis, mandibular partial removable
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch

CDT Code	Description
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch
D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent for soft tissue healing
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint
D5991	Vesiculobullous disease medicament carrier
D5992	Adjust maxillofacial prosthetic appliance, by report
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular
D5999	Unspecified maxillofacial prosthesis, by report
D7284	Excisional biopsy of minor salivary glands
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)
D7286	Incisional biopsy of oral tissue-soft
D7287	Exfoliative cytological sample collection
D7490	Radical resection of maxilla or mandible
D7510	Incision and drainage of abscess - intraoral soft tissue
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess - extraoral soft tissue
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction producing foreign bodies, musculoskeletal system
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction

CDT Code	Description
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis and lavage
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy: lavage and lysis of adhesions
D7874	Arthroscopy: disc repositioning and stabilization
D7875	Arthroscopy: synovectomy
D7876	Arthroscopy: discectomy
D7877	Arthroscopy: debridement
D7880	Occlusal orthotic device, by report
D7881	Occlusal orthotic device adjustment
D7899	Unspecified TMD therapy, by report
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical
D7945	Osteotomy - body of mandible

CDT Code	Description
D7946	Lefort I (maxilla - total)
D7947	Lefort I (maxilla - segmented)
D7948	Lefort II or lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	Lefort II or lefort III - with bone graft
D7955	Repair of maxillofacial soft and/or hard tissue defect
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7993	Surgical placement of craniofacial implant – extra oral
D7994	Surgical placement: zygomatic implant
D7995	Synthetic graft - mandible or facial bones, by report
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D7998	Intraoral placement of a fixation device not in conjunction with a fracture
D8210	Removable appliance therapy
D8681	Removable orthodontic retainer adjustment
D9110	Palliative treatment of dental pain – per visit
D9120	Fixed partial denture sectioning
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311	Consultation with a medical health care professional
D9410	House/extended care facility call
D9420	Hospital or ambulatory surgical center call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	Office visit - after regularly scheduled hours
D9450	Case presentation, subsequent to detailed and extensive treatment planning
D9912	Pre-visit patient screening
D9913	Administration of neuromodulators
D9914	Administration of dermal fillers
D9920	Behavior management, by report
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report
D9932	Cleaning and inspection of removable complete denture, maxillary
D9933	Cleaning and inspection of removable complete denture, mandibular
D9934	Cleaning and inspection of removable partial denture, maxillary
D9935	Cleaning and inspection of removable partial denture, mandibular
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance
D9941	Fabrication of athletic mouthguard
D9947	Custom sleep apnea appliance fabrication and placement
D9948	Adjustment of custom sleep apnea appliance
D9949	Repair of custom sleep apnea appliance
D9950	Occlusion analysis - mounted case
D9951	Occlusal adjustment - limited
D9952	Occlusal adjustment - complete

CDT Code	Description
D9953	Reline custom sleep apnea appliance (indirect)
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device
D9955	Oral appliance therapy (OAT) titration visit
D9956	Administration of home sleep apnea test
D9957	Screening for sleep related breathing disorders
D9959	Unspecified sleep apnea services procedure, by report
D9961	Duplicate/copy patient's records
D9970	Enamel microabrasion
D9971	Odontoplasty - per tooth
D9972	External bleaching - per arch - performed in office
D9973	External bleaching - per tooth
D9974	Internal bleaching - per tooth
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays
D9985	Sales tax
D9986	Missed appointment
D9987	Cancelled appointment
D9990	Certified translation or sign-language services – per visit
D9991	Dental case management - addressing appointment compliance barriers
D9992	Dental case management - care coordination
D9993	Dental case management - motivational interviewing
D9994	Dental case management - patient education to improve oral health literacy
D9995	Teledentistry – synchronous; real-time encounter
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
D9997	Dental case management - patients with special health care needs
D9999	Unspecified adjunctive procedure, by report

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References

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Policy History/Revision Information

Date	Summary of Changes
10/01/2026	New Dental Clinical Policy

Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member-specific benefit plan document must be referenced as the terms of the member-specific

benefit plan may differ from the standard dental plan. In the event of a conflict, the member-specific benefit plan document governs. Before using this policy, check the member-specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Dental Clinical Policy is provided for informational purposes. It does not constitute medical advice.