

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DENTAL SERVICES-ADULT

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 |
|--------------|--|----------------------|--|--|-----------------|----------------------|------------------------|--|
| D0140 | LIMITED ORAL EVALUATION-PROBLEM FOCUSED | DENTAL- OFFICE | Required - Beyond Service Limits | NO | No Restriction | PRICED | Emergent | Not billable with: D0120, D0145, D0150, or D9310 |
| D0220 | INTRAORAL-PERIAPICAL, FIRST FILM | DENTAL- OFFICE | Required - Beyond Service Limits | NO | No Restriction | PRICED | 1 per day | Not billable with: D0210 and D0240 |
| D0230 | INTRAORAL-PERIAPICAL, EACH ADDITIONAL FILM | DENTAL- OFFICE | Required - Beyond Service Limits | NO | No Restriction | PRICED | 8 per 3 months | Not billable with: D0210 and D0240 Must be billed with D0220 |
| D0330 | PANORAMIC FILM | DENTAL- OFFICE | Required - Beyond Service Limits | NO | No Restriction | PRICED | 1 per 3 years | |
| D7680 | SIMPLE FRACTURE FACIAL BONES- COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES | DENTAL- OFFICE | REQUIRED | NO | No Restriction | PRICED | | |
| D7780 | COMPOUND FRACTURE-FACIAL BONESCOMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES | DENTAL- OFFICE | REQUIRED | NO | No Restriction | PRICED | | |
| 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 | NO | No Restriction | PRICED | 1 unit per day | Excludes closure of surgical incisions Not reimbursable with: D7911 |
| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT | DENTAL- OFFICE | REQUIRED | REQUIRED | No Restriction | 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 |