

DENTAL PROCEDURES REQUIRING PRIOR AUTHORIZATION

PROCEDURE	PAN OR FMX	Care Wisconsin		TOOTH CHART	ADDITIONAL INFORMATION
		PERIO CHARTING OR CLASSIFICATION			
D3330 (Molar RCT) > age 20	X			X	FINAL RESTORATION NOTED
D4341 Periodontal Scaling	X	X		X	
D4342 Periodontal Scaling	X	X		X	
D4910 Periodontal Maintenance	X	X			
D5110 Max Full Denture (Acrylic)					INITIAL/AGE OF EXISTING
D5120 Mand. Full Denture (Acrylic)					INITIAL/AGE OF EXISTING
D5211 Max Partial (Acrylic)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D5212 Mand. Partial (Acrylic)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D5213 Max Partial (Cast Frame)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D5214 Mand. Partial (Cast Frame)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D5225 Max Partial (Flexible Base)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D5226 Mand. Partial (Flexible Base)	X	perio. class.		X	INITIAL/AGE OF EXISTING
D7000 Oral Surgery- All Procedures	X				MEDICAL NECESSITY

ORTHODONTICS: REQUIRES: STUDY MODELS, HEALTH CHECK REFERRAL, PATIENT BE CARIES FREE, AND MAINTAIN GOOD ORAL HYGIENE