



AmeriHealth Caritas™
District of Columbia

To:	All AmeriHealth Caritas DC Providers
Date:	July 9, 2021
Subject:	Procedure Codes That Do Not Require Pre-Authorization
Summary:	Effective August 1, 2021, provider submission of Authorization Requests with Procedure Codes that do not require an authorization will not receive a notification from Skygen.

The AmeriHealth Caritas District of Columbia dental vendor, Skygen, gave notice that they will no longer send a notification to a dental provider who has submitted an authorization request that is not required. This change will go into effect on August 1, 2021. Dental providers and their staff should familiarize themselves with CDT Codes that are in this category.

Please note that “Does Not Require Authorization” is not a “Denial”. A Denial is not necessarily an indication that the service is not covered. Authorizations are denied for improper submission as well as not submitting required documentation for approval. Enrollees cannot be billed for covered benefits.

Attached is the list of CDT Codes that Do Not Require Authorization. Please do not submit them for an authorization.

Code	Description
D0120	Periodic Oral Evaluation - Established Patient
D0140	Limited Oral Evaluation - Problem Focused
D0145	Oral Evaluation, Patient Under Three
D0150	Comprehensive Oral Evaluation - New Or Established Patient
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient



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D0210	Intraoral - Complete Series of Radiographic Images
D0220	Intraoral - Periapical First Radiographic Image
D0230	Intraoral - Periapical Each Additional Image
D0240	Intraoral - Occlusal Radiographic Image
D0270	Bitewing - Single Radiographic Image
D0272	Bitewings - Two Radiographic Images
D0274	Bitewings - Four Radiographic Images
D0290	Posterior - Anterior Or Lateral Skull And Facial Bone Survey Radiographic Image
D0330	Panoramic Radiographic Image
D0350	Oral/Facial Photographic Images
D0367	Cone Beam - Both Jaws
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities
D0460	Pulp Vitality Tests
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
D0604	antigen testing for a public health related pathogen, including coronavirus
D0605	antibody testing for a public health related pathogen, including coronavirus
D1110	Prophylaxis - Adult



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D1120	Prophylaxis - Child
D1206	Topical Application Of Fluoride Varnish
D1208	Topical Application of Fluoride
D1351	Sealant - Per Tooth
D1351	Sealant - Per Tooth
D1354	Interim Caries Arresting Medicament Application - per tooth
D1510	space maintainer – fixed, unilateral - per quadrant
D1515	Space Maintainer - Fixed - Bilateral
D1516	Space Maintainer - Fixed - Bilateral, maxillary
D1517	Space Maintainer - Fixed - Bilateral, mandibular
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular
D1575	distal shoe space maintainer – fixed, – unilateral - per quadrant
D1999	Unspecified Preventive Procedure, By Report
D2140	Amalgam - One Surface, Primary Or Permanent
D2150	Amalgam - Two Surfaces, Primary Or Permanent



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D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent
D2330	Resin-Based Composite - One Surface, Anterior
D2331	Resin-Based Composite - Two Surfaces, Anterior
D2332	Resin-Based Composite - Three Surfaces, Anterior
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle
D2391	Resin-Based Composite - One Surface, Posterior
D2392	Resin-Based Composite - Two Surfaces, Posterior
D2393	Resin-Based Composite - Three Surfaces, Posterior
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior
D2710	Crown - Resin-Based Composite (Indirect)
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys
D2920	Re-Cement or Re-Bond Crown
D2928	prefabricated porcelain/ceramic crown – permanent tooth
D2930	Prefabricated Stainless Steel Crown - Primary Tooth
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth
D2941	Interim Therapeutic Restoration - Primary Dentition
D2950	Core Buildup, Including Any Pins When Required
D2952	Post And Core In Addition To Crown, Indirectly Fabricated
D2954	Prefabricated Post And Core In Addition To Crown
D2970	Temporary Crown (Fractured Tooth)
D3110	Pulp Cap - Direct (Excluding Final Restoration)



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D3220	Therapeutic Pulpotomy
D3351	Apexification / Recalcification - Initial Visit
D3450	Root Amputation - Per Root
D4910	Periodontal Maintenance
D5510	Repair Broken Complete Denture Base
D5511	Repair Broken Complete Denture Base - Mandibular
D5512	Repair Broken Complete Denture Base - Maxillary
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)
D5610	Repair Resin Denture Base
D5611	Repair Resin Partial Denture Base - Mandibular
D5612	Repair Resin Partial Denture Base - Maxillary
D5620	Repair Cast Framework
D5621	Repair Cast Partial Framework - Mandibular
D5622	Repair Cast Partial Framework - Maxillary
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth
D5640	Replace Broken Teeth - Per Tooth
D5650	Add Tooth To Existing Partial Denture
D5660	Add Clasp To Existing Partial Denture - Per Tooth
D5710	Rebase Complete Maxillary Denture
D5711	Rebase Complete Mandibular Denture
D5720	Rebase Maxillary Partial Denture
D5721	Rebase Mandibular Partial Denture
D5730	reline complete maxillary denture (direct)



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D5731	reline complete mandibular denture (direct)
D5740	reline maxillary partial denture (direct)
D5741	reline mandibular partial denture (direct)
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys
D6084	Implant Supported Crown - Porcelain Fused To Titanium and Titanium Alloys
D6097	Abutment Supported Crown - Porcelain Fused To Titanium and Titanium Alloys
D7140	Extraction, Erupted Tooth Or Exposed Root
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue
D7660	Malar And/Or Zygomatic Arch - Closed Reduction
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical
D7820	Closed Reduction Of Dislocation
D7840	Condylectomy
D7850	Surgical Discectomy, With/Without Implant



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D7860	Arthrotomy
D7870	Arthrocentesis
D7940	Osteoplasty - For Orthognathic Deformities
D7972	Surgical Reduction Of Fibrous Tuberosity
D7981	Excision Of Salivary Gland, By Report
D7982	Sialodochoplasty
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development
D8670	Periodic Orthodontic Treatment Visit
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)
D8703	Replacement Of Lost Or Broken Retainer - Maxillary
D8704	Replacement Of Lost Or Broken Retainer - Mandibular
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis