Space Maintenance (For Ohio Only)

Policy Number: CSDEN413OH.B
Effective Date: December 1, 2026

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

Description of Services

Space Maintainers are passive appliances designed to prevent tooth movement following premature loss of primary teeth so permanent teeth can erupt into proper position. Additionally, the goal of space maintenance is to prevent loss of arch length, width and perimeter by maintaining the relative position of the existing dentition.

Definitions

Space Maintainer: A passive appliance, usually cemented in place, that holds teeth in position. (ADA)

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Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D1510	0-20	N/A	No	N/A
D1516	0-20	N/A	No	N/A
D1517	0-20	N/A	No	N/A
D1520	0-20	N/A	No	N/A
D1526	0-20	N/A	No	N/A
D1527	0-20	N/A	No	N/A

Space Maintainers are indicated for maintaining space due to premature loss of a primary tooth/ teeth.

Space Maintainers are contraindicated for the following:
- When permanent tooth/teeth is/are close to eruption
- Member is not compliant or has poor oral hygiene
- Severe crowding already exists
- Space has already been lost

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline 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. Other Policies and Guidelines may apply.

CDT Code	Description
D1510	Space maintainer – fixed – unilateral – per quadrant
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1520	Space maintainer – removable – unilateral – per quadrant
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – 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

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References

Alnahwi HH, Donly KJ, Contreras CI. Space loss following premature loss of primary second molars. Gen Dent. 2015 Nov-Dec;63(6):e1-4. Erratum in: Gen Dent. 2016 Jan-Feb;64(1):79.

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American Academy on Pediatric Dentistry Clinical Affairs Committee-Developing Dentition Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on management of the developing dentition and occlusion in pediatric dentistry. Pediatr Dent. 2008-2009;30(7 Suppl):184-95. https://www.aapd.org/assets/1/7/G_DevelopDentition.pdf. Accessed December 18, 2025.

American Dental Association (ADA) CDT 2026 Dental Procedure Code Book.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Peterson and Davis. Atlas of Pediatric Dentistry. Space Management in Pediatric Dentistry. Available at: http://depts.washington.edu/peddent/AtlasDemo/space002.html Accessed December 18, 2025.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added Covered Codes
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CSDEN413OH.A

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
11/01/2025 – 11/30/2026	CSDEN413OH.A	Space Maintenance
12/01/2023 – 10/31/2025	CSDEN336OH.A	Space Maintenance

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