

# National Standardized Dental Claim Utilization Review Criteria

**Guideline Number:** DURG042.15

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<b>Resource Tools</b>
None

## Instructions for Use

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. For reference, links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee are provided. Specific plan coverage, exclusions or limitations supersede these criteria.

This notice is applicable only to services subject to the California Department of Managed Health Care (DMHC) regulatory oversight: The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.

## Documentation Requirements

A comprehensive, detailed medical record is key to promoting quality care and improving patient safety. For the services outlined in the grid below, specific documentation that is needed in order to make a determination on coverage is listed in the Documentation Requirement column. Please submit this information with your request for coverage.

To ensure the best health outcomes for our members, we may periodically require providers to submit documentation for services that do not have specific documentation requirements listed below.

**Notes:**

- Links to the specific Dental Clinical Policies and Dental Coverage Guidelines are embedded in this document. Additionally, for notices of new and updated Dental Clinical Policies and Coverage Guidelines or for a full listing of Dental Clinical Policies and Coverage Guidelines, refer to [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > [Dental Clinical Policies and Coverage Guidelines](#).
- For further CDT code description and information, please refer to the most current version of the CDT Dental Procedures Codes released by the American Dental Association (ADA).

## Diagnostic

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Clinical Oral Evaluation</b>		
D0120		
D0140		
D0145		
D0150		
D0160		
D0170		
D0171		
D0180		
D0411		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0412		<a href="#">Miscellaneous Diagnostic Procedures</a>
<b>Pre-Diagnostic Services</b>		
D0190		
D0191		
<b>Diagnostic Imaging: Image Capture with Interpretation</b>		
D0210		
D0220		
D0230		
D0240		
D0250		
D0251		
D0270		
D0272		
D0273		
D0274		
D0277		
D0310		
D0320		
D0321		
D0322		
D0330		
D0340		
D0350		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
D0364		<a href="#">Cone Beam Computed Tomography</a>
<b>Diagnostic Imaging: Image Capture with Interpretation</b>		
D0365		<a href="#">Cone Beam Computed Tomography</a>
D0366		<a href="#">Cone Beam Computed Tomography</a>
D0367		<a href="#">Cone Beam Computed Tomography</a>
D0368		<a href="#">Cone Beam Computed Tomography</a>
D0369		
D0370		
D0371		
D0372		
D0373		
D0374		
D0801		
D0802		
D0803		
D0804		
<b>Diagnostic Imaging: Image Capture Only</b>		
D0380		<a href="#">Cone Beam Computed Tomography</a>
D0381		<a href="#">Cone Beam Computed Tomography</a>
D0382		<a href="#">Cone Beam Computed Tomography</a>
D0383		<a href="#">Cone Beam Computed Tomography</a>
D0384		<a href="#">Cone Beam Computed Tomography</a>
D0385		
D0386		
D0701		
D0387		
D0388		
D0389		
D0702		
D0703		
D0705		
D0706		
D0707		
D0708		
D0709		
<b>Diagnostic Imaging: Interpretation and Report Only</b>		
D0391		
<b>Diagnostic Imaging: Post Processing of Image or Image Sets</b>		
D0393		
D0394		
D0395		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Tests and Examinations</b>		
D0414		<a href="#">Bacterial and Viral Testing of Oral Infections</a>
D0415		<a href="#">Bacterial and Viral Testing of Oral Infections</a>
D0416		<a href="#">Bacterial and Viral Testing of Oral Infections</a>
D0417		<a href="#">Salivary Testing</a>
D0418		<a href="#">Salivary Testing</a>
D0419		<a href="#">Salivary Testing</a>
D0422		<a href="#">Genetic Testing for Oral Disease</a>
D0423		<a href="#">Genetic Testing for Oral Disease</a>
D0425		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0431		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0460		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0470		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0600		<a href="#">Non-Ionizing Diagnostic Procedures</a>
D0601		
D0602		
D0603		
D0604		<a href="#">Miscellaneous Diagnostic Procedures</a>
D0605		<a href="#">Miscellaneous Diagnostic Procedures</a>
<b>Oral Pathology Laboratory</b>		
D0472		
D0473		
D0474		
D0475		
D0476		
D0477		
D0478		
D0479		
D0480		
D0481		
D0482		
D0483		
D0484		
D0485		
D0486		
D0502		
D0999		

# Preventive

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Dental Prophylaxis</b>		
D1110		
D1120		
<b>Topical Fluoride Treatment (Office Procedure)</b>		
D1206		<ul style="list-style-type: none"> <li><a href="#">Application of Desensitizing Medicaments and Resins</a></li> <li><a href="#">Topical Medicaments for Caries Prevention or Remineralization</a></li> </ul>
D1208		<a href="#">Topical Medicaments for Caries Prevention or Remineralization</a>
<b>Other Preventive Services</b>		
D1310		
D1320		
D1321		
D1330		
D1351		<a href="#">Sealants and Preventive Resin Restorations</a>
D1352		<a href="#">Sealants and Preventive Resin Restorations</a>
D1353		<a href="#">Sealants and Preventive Resin Restorations</a>
D1354		<a href="#">Topical Medicaments for Caries Prevention or Remineralization</a>
D1355		
<b>Space Maintenance (Passive Appliances)</b>		
D1510		<a href="#">Space Maintenance</a>
D1516		<a href="#">Space Maintenance</a>
D1517		<a href="#">Space Maintenance</a>
D1520		<a href="#">Space Maintenance</a>
D1526		<a href="#">Space Maintenance</a>
D1527		<a href="#">Space Maintenance</a>
D1551		<a href="#">Space Maintenance</a>
D1552		<a href="#">Space Maintenance</a>
D1553		<a href="#">Space Maintenance</a>
D1556		<a href="#">Space Maintenance</a>
D1557		<a href="#">Space Maintenance</a>
D1558		<a href="#">Space Maintenance</a>
D1575		<a href="#">Space Maintenance</a>
D1999		<a href="#">Space Maintenance</a>

# Restorative

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Amalgam Restorations (Including Polishing)</b>		
D2140		<a href="#">Single Tooth Direct Restorations</a>
D2150		<a href="#">Single Tooth Direct Restorations</a>
D2160		<a href="#">Single Tooth Direct Restorations</a>
D2161		<a href="#">Single Tooth Direct Restorations</a>
<b>Resin-Based Composite Restorations – Direct</b>		
D2330		<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2331		<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2332		<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2335		<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2390	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2391		<a href="#">Single Tooth Direct Restorations</a>
D2392		<a href="#">Single Tooth Direct Restorations</a>
D2393		<a href="#">Single Tooth Direct Restorations</a>
D2394		<a href="#">Single Tooth Direct Restorations</a>
<b>Gold Foil Restorations</b>		
D2410		<a href="#">Single Tooth Direct Restorations</a>
D2420		<a href="#">Single Tooth Direct Restorations</a>
D2430		<a href="#">Single Tooth Direct Restorations</a>
<b>Inlay/Onlay Restorations</b>		
D2510		<a href="#">Single Tooth Indirect Restorations</a>
D2520		<a href="#">Single Tooth Indirect Restorations</a>
D2530		<a href="#">Single Tooth Indirect Restorations</a>
D2542	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2543	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Inlay/Onlay Restorations</b>		
D2544	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
<b>Inlay/Onlay Restorations: Porcelain/Ceramic Inlays/Onlays Include All Indirect Ceramic and Porcelain Type Inlays/Onlays</b>		
D2610		<a href="#">Single Tooth Indirect Restorations</a>
D2620		<a href="#">Single Tooth Indirect Restorations</a>
D2630		<a href="#">Single Tooth Indirect Restorations</a>
D2642	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2643	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2644	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
<b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>		
D2650		<a href="#">Single Tooth Indirect Restorations</a>
D2651		<a href="#">Single Tooth Indirect Restorations</a>
D2652		<a href="#">Single Tooth Indirect Restorations</a>
D2662	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2663	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2664	<ul style="list-style-type: none"> <li>Current dated bitewing radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Crowns – Single Restorations Only</b>		
D2710	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2712	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2720	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2721	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2722	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2740	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2750	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Crowns – Single Restorations Only</b>		
D2751	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2752	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2780	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2781	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2782	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2783	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2790	<ul style="list-style-type: none"> <li>• Current dated radiographs of teeth</li> <li>• Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Crowns – Single Restorations Only</b>		
D2791	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2792	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2794	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Date of prior placement of existing crowns and the rationale for replacement, if applicable</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
D2799	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Single Tooth Indirect Restorations</a>
<b>Other Restorative Services</b>		
D2910		<a href="#">Other Restorative Procedures</a>
D2915		<a href="#">Other Restorative Procedures</a>
D2920		<a href="#">Other Restorative Procedures</a>
D2921		<a href="#">Other Restorative Procedures</a>
D2928		<a href="#">Prefabricated Crowns</a>
D2929		<a href="#">Prefabricated Crowns</a>
D2930		<a href="#">Prefabricated Crowns</a>
D2931		<a href="#">Prefabricated Crowns</a>
D2932		<a href="#">Prefabricated Crowns</a>
D2933		<a href="#">Prefabricated Crowns</a>
D2940		<a href="#">Single Tooth Direct Restorations</a>
D2941		<a href="#">Single Tooth Direct Restorations</a>
D2949		<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2950	<ul style="list-style-type: none"> <li>Current dated radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2951		<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2952	Current dated radiographs of teeth	<a href="#">Core Buildup, Post and Core and Pin Retention</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Restorative Services</b>		
D2953	Current dated radiographs of teeth	<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2954	Current dated radiographs of teeth	<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2955		<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2957	Current dated radiographs of teeth	<a href="#">Core Buildup, Post and Core and Pin Retention</a>
D2960	<ul style="list-style-type: none"> <li>Current dated radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<a href="#">Labial Veneers</a>
D2961	<ul style="list-style-type: none"> <li>Current dated radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<a href="#">Labial Veneers</a>
D2962	<ul style="list-style-type: none"> <li>Current dated radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<a href="#">Labial Veneers</a>
D2971		<a href="#">Other Restorative Procedures</a>
D2975		<a href="#">Other Restorative Procedures</a>
D2980		<a href="#">Other Restorative Procedures</a>
D2981		<a href="#">Other Restorative Procedures</a>
D2982		<a href="#">Other Restorative Procedures</a>
D2983		<a href="#">Other Restorative Procedures</a>
D2990		<a href="#">Single Tooth Direct Restorations</a>
D2999		<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core and Pin Retention</a></li> <li><a href="#">Other Restorative Procedures</a></li> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>

## Endodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Pulp Capping</b>		
D3110		<a href="#">Non-Surgical Endodontics</a>
D3120		<a href="#">Non-Surgical Endodontics</a>
<b>Pulpotomy</b>		
D3220		<a href="#">Non-Surgical Endodontics</a>
D3221		<a href="#">Non-Surgical Endodontics</a>
D3222		<a href="#">Non-Surgical Endodontics</a>
<b>Endodontic Therapy on Primary Teeth</b>		
D3230		<a href="#">Non-Surgical Endodontics</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Endodontic Therapy on Primary Teeth</b>		
D3240		<a href="#">Non-Surgical Endodontics</a>
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)</b>		
D3310	For Medicare plans only: Current, dated preoperative radiographs of tooth	<a href="#">Non-Surgical Endodontics</a>
D3320	For Medicare plans only: Current, dated preoperative radiographs of tooth	<a href="#">Non-Surgical Endodontics</a>
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)</b>		
D3330	For Medicare plans only: Current, dated preoperative radiographs of tooth	<a href="#">Non-Surgical Endodontics</a>
D3331		<a href="#">Non-Surgical Endodontics</a>
D3332		<a href="#">Non-Surgical Endodontics</a>
D3333		<a href="#">Non-Surgical Endodontics</a>
<b>Endodontic Retreatment</b>		
D3346	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Non-Surgical Endodontics</a>
D3347	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Non-Surgical Endodontics</a>
D3348	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Non-Surgical Endodontics</a>
<b>Apexification/Recalcification</b>		
D3351		<a href="#">Non-Surgical Endodontics</a>
D3352		<a href="#">Non-Surgical Endodontics</a>
D3353		<a href="#">Non-Surgical Endodontics</a>
<b>Pulpal Regeneration</b>		
D3355		<a href="#">Non-Surgical Endodontics</a>
D3356		<a href="#">Non-Surgical Endodontics</a>
D3357		<a href="#">Non-Surgical Endodontics</a>
<b>Apicoectomy/Periradicular Services</b>		
D3410	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3421	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3425	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3426	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3428		<a href="#">Surgical Endodontics</a>
D3429		<a href="#">Surgical Endodontics</a>
D3430	<ul style="list-style-type: none"> <li>• Current dated radiographs of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3431		<a href="#">Surgical Endodontics</a>
D3432		<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Apicoectomy/Periradicular Services</b>		
D3450	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3460		<a href="#">Surgical Endodontics</a>
D3470		<a href="#">Surgical Endodontics</a>
D3471		<a href="#">Surgical Endodontics</a>
D3472		<a href="#">Surgical Endodontics</a>
D3473		<a href="#">Surgical Endodontics</a>
D3501		<a href="#">Surgical Endodontics</a>
D3502		<a href="#">Surgical Endodontics</a>
D3503		<a href="#">Surgical Endodontics</a>
<b>Other Endodontic Procedures</b>		
D3910		<a href="#">Surgical Endodontics</a>
D3911		<a href="#">Non-Surgical Endodontics</a>
D3920	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3921		<a href="#">Non-Surgical Endodontics</a>
D3950		<a href="#">Surgical Endodontics</a>
D3999		<a href="#">Surgical Endodontics</a>

## Periodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4210		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4211		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4212		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4230	Current dated radiographs of tooth/area of problem	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4231	Current dated radiographs of tooth/area of problem	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4240		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4241		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4245		<a href="#">Surgical Periodontics: Resective Procedures</a>
D4249	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4260	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4261	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4263	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li><a href="#">Bone Replacement Grafts</a></li> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> </ul>
D4264	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li><a href="#">Bone Replacement Grafts</a></li> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> </ul>
D4265	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> <li><a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4266	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D4267	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D4268	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> <li><a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4270	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4273	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4274	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4275	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4276	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4277	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4278	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4283	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4285	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4286		<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
<b>Non-Surgical Periodontal Service</b>		
D4322		<a href="#">Coronal Splinting</a>
D4323		<a href="#">Coronal Splinting</a>
D4341	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Complete 6-point periodontal charting</li> </ul>	<a href="#">Non-Surgical Periodontal Therapy</a>
D4342	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Complete 6-point periodontal charting</li> </ul>	<a href="#">Non-Surgical Periodontal Therapy</a>
D4346		<a href="#">Non-Surgical Periodontal Therapy</a>
D4355		<a href="#">Full Mouth Debridement</a>
D4381	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Complete 6-point periodontal charting</li> <li>Dates of previous scaling and root planing</li> </ul>	<a href="#">Non-Surgical Periodontal Therapy</a>
<b>Other Periodontal Services</b>		
D4910		<a href="#">Non-Surgical Periodontal Therapy</a>
D4921		<a href="#">Non-Surgical Periodontal Therapy</a>
D4999		<ul style="list-style-type: none"> <li><a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> <li><a href="#">Surgical Periodontics: Resective Procedures</a></li> </ul>

## Removable Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>		
D5110	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5120	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5130	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5140	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>		
D5211	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5212	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5213	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5214	For Medicare plans, provide the following: Panoramic radiograph or full series	<a href="#">Removable Prosthodontics</a>
D5221		<a href="#">Removable Prosthodontics</a>
D5222		<a href="#">Removable Prosthodontics</a>
D5223		<a href="#">Removable Prosthodontics</a>
D5224		<a href="#">Removable Prosthodontics</a>
D5225		<a href="#">Removable Prosthodontics</a>
D5226		<a href="#">Removable Prosthodontics</a>
D5282		<a href="#">Removable Prosthodontics</a>
D5227		<a href="#">Removable Prosthodontics</a>
D5228		<a href="#">Removable Prosthodontics</a>
D5283		<a href="#">Removable Prosthodontics</a>
D5284		<a href="#">Removable Prosthodontics</a>
D5286		<a href="#">Removable Prosthodontics</a>
<b>Adjustments to Dentures</b>		
D5410		<a href="#">Removable Prosthodontics</a>
D5411		<a href="#">Removable Prosthodontics</a>
D5421		<a href="#">Removable Prosthodontics</a>
D5422		<a href="#">Removable Prosthodontics</a>
<b>Repairs to Complete Dentures</b>		
D5511		<a href="#">Removable Prosthodontics</a>
D5512		<a href="#">Removable Prosthodontics</a>
D5520		<a href="#">Removable Prosthodontics</a>
<b>Repairs to Partial Dentures</b>		
D5611		<a href="#">Removable Prosthodontics</a>
D5612		<a href="#">Removable Prosthodontics</a>
D5621		<a href="#">Removable Prosthodontics</a>
D5622		<a href="#">Removable Prosthodontics</a>
D5630		<a href="#">Removable Prosthodontics</a>
D5640		<a href="#">Removable Prosthodontics</a>
D5650		<a href="#">Removable Prosthodontics</a>
D5660		<a href="#">Removable Prosthodontics</a>
D5670		<a href="#">Removable Prosthodontics</a>
D5671		<a href="#">Removable Prosthodontics</a>
<b>Denture Rebase Procedures</b>		
D5710		<a href="#">Removable Prosthodontics</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Denture Rebase Procedures</b>		
D5711		<a href="#">Removable Prosthodontics</a>
D5720		<a href="#">Removable Prosthodontics</a>
D5721		<a href="#">Removable Prosthodontics</a>
D5725		
<b>Denture Reline Procedures</b>		
D5730		<a href="#">Removable Prosthodontics</a>
D5731		<a href="#">Removable Prosthodontics</a>
D5740		<a href="#">Removable Prosthodontics</a>
D5741		<a href="#">Removable Prosthodontics</a>
D5750		<a href="#">Removable Prosthodontics</a>
D5751		<a href="#">Removable Prosthodontics</a>
D5760		<a href="#">Removable Prosthodontics</a>
D5761		<a href="#">Removable Prosthodontics</a>
D5765		<a href="#">Removable Prosthodontics</a>
<b>Interim Prosthesis</b>		
D5810		<a href="#">Removable Prosthodontics</a>
D5811		<a href="#">Removable Prosthodontics</a>
D5820		<a href="#">Removable Prosthodontics</a>
D5821		<a href="#">Removable Prosthodontics</a>
<b>Other Removable Prosthetic Services</b>		
D5850		<a href="#">Removable Prosthodontics</a>
D5851		<a href="#">Removable Prosthodontics</a>
D5862		<a href="#">Removable Prosthodontics</a>
D5863		<a href="#">Removable Prosthodontics</a>
D5864		<a href="#">Removable Prosthodontics</a>
D5865		<a href="#">Removable Prosthodontics</a>
D5866		<a href="#">Removable Prosthodontics</a>
D5867		<a href="#">Removable Prosthodontics</a>
D5875		<a href="#">Removable Prosthodontics</a>
D5876		<a href="#">Removable Prosthodontics</a>
D5899		<a href="#">Removable Prosthodontics</a>

## Maxillofacial Prosthetics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Removable Prosthetic Services</b>		
D5911		
D5912		
D5913		
D5914		
D5915		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Removable Prosthetic Services</b>		
D5916		
D5919		
D5922		
D5923		
D5924		
D5925		
D5926		
D5927		
D5928		
D5929		
D5931		
D5932		
D5933		
D5934		
D5935		
D5936		
D5937		
D5951		
D5952		
D5953		
D5954		
D5955		
D5958		
D5959		
D5960		
D5982		
D5984		
D5985		
D5987		
D5988		
D5992		
D5993		
<b>Carriers</b>		
D5983		
D5986		
D5991		
D5995		
D5996		
D5999		

# Implant

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Pre-Surgical Services</b>		
D6190		<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
<b>Surgical Services</b>		
D6010	Panoramic radiograph or full mouth series	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6011		<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6012	Panoramic radiograph or full mouth series	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6013	Panoramic radiograph or full mouth series	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6040	Panoramic radiograph or full mouth series	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6050	Panoramic radiograph or full mouth series	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6100	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6101	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6102	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6103	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6104	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6105		<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6106		<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6107		<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
<b>Implant Supported Prosthetics: Supporting Structures</b>		
D6051	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6191	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Implant Supported Prosthetics: Supporting Structures</b>		
D6192	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6055	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6056	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6057	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures</b>		
D6110	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6111	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6112	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6113	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</b>		
D6114	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6115	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6116	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</b>		
D6117	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Implant Supported Prosthetics: Single Crowns, Abutment Supported</b>		
D6058	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6059	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6060	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6061	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6062	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6063	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6064	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6094	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6097	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6065	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6066	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Implant Supported Prosthetics: Single Crowns, Abutment Supported</b>		
D6067	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6082	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6083	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6084	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6086	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6087	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6088	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported</b>		
D6068	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6069	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6070	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6071	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6072	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported</b>		
D6073	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6074	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6194	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6195	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported</b>		
D6075	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6076	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6077	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6098	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6099	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6120	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6121	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6122	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported</b>		
D6123	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
<b>Other Implant Services</b>		
D6080		<a href="#">Dental Implant Supported Prostheses</a>
D6081	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a>
D6085	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6090	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Supported Prostheses</a>
D6091		<a href="#">Dental Implant Supported Prostheses</a>
D6092		<a href="#">Dental Implant Supported Prostheses</a>
D6093		<a href="#">Dental Implant Supported Prostheses</a>
D6095	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Narrative of necessity</li> </ul>	<a href="#">Dental Implant Supported Prostheses</a>
D6096	Narrative of necessity	<a href="#">Dental Implant Supported Prostheses</a>
D6118	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6119	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	<a href="#">Dental Implant Supported Prostheses</a>
D6197		<a href="#">Dental Implant Supported Prostheses</a>
D6198		<a href="#">Dental Implant Supported Prostheses</a>
D6199	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>

## Fixed Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Fixed Partial Denture Pontics</b>		
D6205	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6210	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Fixed Partial Denture Pontics</b>		
D6211	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6212	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6214	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6240	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6241	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6242	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6245	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6250	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6251	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6252	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6253	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Fixed Prosthodontics</a>
<b>Fixed Partial Denture Retainers – Inlays/Onlays</b>		
D6545	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6548	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6549	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6600	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6601	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6602	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6603	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6604	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6605	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Fixed Partial Denture Retainers – Inlays/Onlays</b>		
D6606	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6607	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6608	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6609	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6610	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6611	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6612	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6613	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6614	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6615	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6624	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6634	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
<b>Fixed Partial Denture Retainers – Crowns</b>		
D6710	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6720	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6721	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6722	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6740	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6750	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6751	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6752	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6753	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Fixed Partial Denture Retainers – Crowns</b>		
D6780	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6781	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6782	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6783	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6784	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6790	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6791	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6792	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6793	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6794	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<a href="#">Fixed Prosthodontics</a>
<b>Other Fixed Partial Denture Services</b>		
D6920		<a href="#">Fixed Prosthodontics</a>
D6930		<a href="#">Fixed Prosthodontics</a>
D6940		<a href="#">Fixed Prosthodontics</a>
D6950		<a href="#">Fixed Prosthodontics</a>
D6980	Narrative of necessity	<a href="#">Fixed Prosthodontics</a>
D6985		<a href="#">Fixed Prosthodontics</a>
D6999		<a href="#">Fixed Prosthodontics</a>

## Oral and Maxillofacial Surgery

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>		
D7111		<a href="#">Non-Surgical Extractions</a>
D7140		<a href="#">Non-Surgical Extractions</a>
D7210		<a href="#">Surgical Extraction of Erupted Teeth and Retained Roots</a>
D7220	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7230	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>		
D7240	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7241	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7250		<a href="#">Surgical Extraction of Erupted Teeth and Retained Roots</a>
D7251		<a href="#">Surgical Extraction of Impacted Teeth</a>
<b>Other Surgical Procedures</b>		
D7260		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7261	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7270		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7272		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7280		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7282	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7283		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7285		
D7286		
D7287		
D7288		<a href="#">Miscellaneous Diagnostic Procedures</a>
D7290		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7291		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7292		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7293		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7294		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7295		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7296		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7297		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7298		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Surgical Procedures</b>		
D7299		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7300		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
<b>Alveoloplasty – Preparation of Ridge</b>		
D7310		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7311		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7320		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7321		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
<b>Vestibuloplasty</b>		
D7340		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7350		<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
<b>Excision of Soft Tissue Lesions</b>		
D7410		
D7411	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> <li>• Pathology report</li> </ul>	
D7412	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> <li>• Pathology report</li> </ul>	
D7413		
D7414		
D7415		
D7465		
<b>Excision of Intra-Osseous Lesions</b>		
D7440		
D7441		
D7450		<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>• Cyst is not attached to or removed with tooth.</li> <li>• Size, color or consistency indicates need for pathology examination.</li> </ul>
D7451		<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>• Cyst is not attached to or removed with tooth.</li> <li>• Size, color or consistency indicates need for pathology examination.</li> </ul>
D7460		<b>Coverage Criteria</b> Presence of hard, attached or freely movable raised or erythematous lesion.

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Excision of Intra-Osseous Lesions</b>		
D7461		<b>Coverage Criteria</b> Presence of hard, attached or freely movable raised or erythematous lesion.
<b>Excision of Bone Tissue</b>		
D7471		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7472		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7473		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7485		
D7490		
<b>Surgical Incision</b>		
D7509		
D7510		<b>Coverage Criteria</b> Not usually benefited when at same time as extraction.
D7511		
D7520		<b>Coverage Criteria</b> Not usually benefited when at same time as extraction.
D7521		
D7530		
D7540		
D7550		
D7560		
<b>Treatment of Closed Fractures</b>		
D7610		
D7620		
D7630		
D7640		
D7650		
D7660		
D7670		
D7671		
D7680		
<b>Treatment of Open Fractures</b>		
D7710		
D7720		
D7730		
D7740		
D7750		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Treatment of Open Fractures</b>		
D7760		
D7770		
D7771		
D7780		
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions</b>		
D7810		
D7820		
D7830		
D7840		
D7850		
D7852		
D7854		
D7856		
D7858		
D7860		
D7865		
D7870		
D7871		
D7872		
D7873		
D7874		
D7875		
D7876		
D7877		
D7880	<ul style="list-style-type: none"> <li>• TMJ radiographs</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D7881		<a href="#">Occlusal Guards</a>
D7899	<ul style="list-style-type: none"> <li>• TMJ radiographs</li> <li>• Narrative of necessity</li> </ul>	
<b>Repair of Traumatic Wounds</b>		
D7910		
<b>Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)</b>		
D7911		
D7912		
<b>Other Repair Procedures</b>		
D7920		
D7921		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7922		<a href="#">Surgical Extraction of Erupted Teeth and Retained Roots</a> <a href="#">Surgical Extraction of Impacted Teeth</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Repair Procedures</b>		
D7940		
D7941		
D7943		
D7944		
D7945		
D7946		
D7947		
D7948		
D7949		
D7950		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7951		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7952		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7953	<ul style="list-style-type: none"> <li>• Current dated radiograph of the tooth to be extracted</li> <li>• Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7955		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7956		Dental Barrier Membrane Guided Tissue Regeneration
D7957		Dental Barrier Membrane Guided Tissue Regeneration
D7961		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7962		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7963		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7970		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7971		<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7972	<ul style="list-style-type: none"> <li>• Radiographs of area</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7979		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7980		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>



CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Repair Procedures</b>		
D7981		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7982		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7983		<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7990		
D7991		
D7993		
D7994		
D7995		
D7996		
D7997		<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7998		
D7999		<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> <li>• <a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>

## Orthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Limited Orthodontic Treatment</b>		
D8010		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8020		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8030		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8040		<a href="#">Medically Necessary Orthodontic Treatment</a>
<b>Comprehensive Orthodontic Treatment</b>		
D8070		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8080		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8090		<a href="#">Medically Necessary Orthodontic Treatment</a>
<b>Minor Treatment to Control Harmful Habits</b>		
D8210		
D8220		<a href="#">Medically Necessary Orthodontic Treatment</a>
<b>Other Orthodontic Services</b>		
D8660		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8670		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8680		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8681		
D8692		
D8693		
D8694		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Other Orthodontic Services</b>		
D8695		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8696		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8697		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8698		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8699		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8701		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8702		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8703		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8704		<a href="#">Medically Necessary Orthodontic Treatment</a>
D8999		<a href="#">Medically Necessary Orthodontic Treatment</a>

## Adjunctive General Services

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Unclassified Treatment</b>		
D9110		<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Not payable with other services such as extraction, incision/drainage, sedative on same date-of-service, with the exception of x-rays and exam (usually D0140).</li> <li>For immediate relief of pain and not a definitive procedure.</li> </ul>
D9120		
<b>Anesthesia</b>		
D9210		<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9211		<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9212		<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9215		<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9219		<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9222	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9223	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9230	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Anesthesia</b>		
D9239	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9243	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9248	Narrative of necessity	<a href="#">General Anesthesia and Conscious Sedation Services</a>
<b>Professional Consultation</b>		
D9310		<b>Coverage Criteria</b> A diagnostic service not by the practitioner providing the specific or on-going treatment. The condition may be out of the scope of practice, requiring second opinion.
D9311		<b>Coverage Criteria</b> A diagnostic service not by the practitioner providing the specific or on-going treatment. The condition may be out of the scope of practice, requiring second opinion.
<b>Professional Visits</b>		
D9410		
D9420		
D9430		
D9440		
D9450		
<b>Drugs</b>		
D9610	Narrative of necessity	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9612	Narrative of necessity	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9613	Narrative of necessity	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9630	Narrative of necessity	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
<b>Miscellaneous Services</b>		
D9910		<a href="#">Application of Desensitizing Medicaments and Resins</a>
D9911		<a href="#">Application of Desensitizing Medicaments and Resins</a>
D9920		<b>Coverage Criteria</b> Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Miscellaneous Services</b>		
D9930		<b>Coverage Criteria</b> Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).
D9932		
D9933		
D9934		
D9935		
D9941		<a href="#">Occlusal Guards</a>
D9942		<a href="#">Occlusal Guards</a>
D9943		<a href="#">Occlusal Guards</a>
D9944	<ul style="list-style-type: none"> <li>• Panoramic radiograph or full series</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9945	<ul style="list-style-type: none"> <li>• Panoramic radiograph or full series</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9946	<ul style="list-style-type: none"> <li>• Panoramic radiograph or full series</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9950		<a href="#">Occlusal Guards</a>
D9951		<a href="#">Occlusal Guards</a>
D9952		<a href="#">Occlusal Guards</a>
D9953		
D9970		<b>Coverage Criteria</b> Discolored surface enamel from altered mineralization/decalcification. Per visit basis.
D9971		<b>Coverage Criteria</b> 1-2 teeth, includes removal of enamel projections.
D9972		
D9973		
D9974		
D9975		
<b>Non-Clinical Procedures</b>		
D9985		
D9986		
D9987		
D9991		
D9992		
D9993		
D9994		
D9995		
D9996		
D9997		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
<b>Non-Clinical Procedures</b>		
D9999		

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## Guideline History/Revision Information

Date	Summary of Changes
07/01/2023	<p><b>Instructions for Use</b></p> <ul style="list-style-type: none"> <li>Added language pertaining to services that are subject to the California Department of Managed Health Care (DMHC) regulatory oversight to indicate the materials provided [within this policy] are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions; specific care and treatment may vary depending on individual need and the benefits covered under the contract</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version DURG042.14</li> </ul>

## Instructions for Use

This Dental Coverage Guideline 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 guideline, 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 Coverage Guideline is provided for informational purposes. It does not constitute medical advice.