

# National Standardized Dental Claim Review Guidelines (for Commercial Only)

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<b>Resource Tools</b>
None

## Instructions for Use

This Utilization Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans, and includes only the CDT codes for which clinical documentation is required with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee. Before using this guideline, 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 Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

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.

### 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, refer to the most current version of the CDT Dental Procedures Codes released by the American Dental Association (ADA).

## 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 Requirements* column. 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.

## Diagnostic

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Diagnostic Imaging: Image Capture with Interpretation</b>			
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
<b>Diagnostic Imaging: Image Capture Only</b>			
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Diagnostic Imaging: Image Capture Only</b>			
D0384	Cone beam CT image capture for TMJ series including two or more exposures	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
<b>Diagnostic Imaging: Interpretation and Report Only</b>			
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
<b>Diagnostic Imaging: Post Processing of Image or Image Sets</b>			
D0393	Virtual treatment simulation using 3D image volume or surface scan	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
D0394	Digital subtraction of two or more images or image volumes of the same modality;	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
D0395	Fusion of two or more 3D image volumes of one or more modalities	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A

## Restorative

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Amalgam Restorations (Including Polishing)</b>			
D2140	Amalgam - one surface, primary or permanent	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2150	Amalgam - two surfaces, primary or permanent	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2160	Amalgam - three surfaces, primary or permanent	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2161	Amalgam - four or more surfaces, primary or permanent	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
<b>Resin-Based Composite Restorations – Direct</b>			
D2330	Resin-based composite - one surface, anterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2331	Resin-based composite - two surfaces, anterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2332	Resin-based composite - three surfaces, anterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Resin-Based Composite Restorations – Direct</b>			
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> <li><a href="#">Labial Veneers</a></li> </ul>
D2390	Resin-based composite crown, anterior	<ul style="list-style-type: none"> <li>Current dated pre-operative 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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2391	Resin-based composite - one surface, posterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2392	Resin-based composite - two surfaces, posterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
<b>Inlay/Onlay Restorations</b>			
D2393	Resin-based composite - three surfaces, posterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2394	Resin-based composite - four or more surfaces, posterior	<ul style="list-style-type: none"> <li>If tooth has existing crown: narrative of necessity for filling</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Direct Restorations</a></li> </ul>
D2542	Onlay - metallic - two surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative 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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2543	Onlay - metallic - three surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative 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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2544	Onlay - metallic - four or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative 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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Inlay/Onlay Restorations</b>			
D2642	Onlay - porcelain/ceramic - two surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2643	Onlay - porcelain/ceramic - three surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2644	Onlay - porcelain/ceramic - four or more surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
<b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>			
D2662	Onlay - resin-based composite - two surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2663	Onlay - resin-based composite - three surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2664	Onlay - resin-based composite - four or more surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2710	Crown - resin-based composite (indirect)	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2712	Crown - 3/4 resin-based composite (indirect)	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2720	Crown - resin with high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2721	Crown - resin with predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2722	Crown - resin with noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2740	Crown - porcelain/ceramic	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2750	Crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2751	Crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2752	Crown - porcelain fused to noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2753	Crown – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2780	Crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2781	Crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2782	Crown - 3/4 cast noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2783	Crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2790	Crown - full cast high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2791	Crown - full cast predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2792	Crown - full cast noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2794	Crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2799	Interim crown-further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> <li>• Narrative that states what further treatment or diagnosis is medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
<b>Other Restorative Services</b>			
D2949	Restorative foundation for an indirect restoration	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Buildup, Post and Core, and Pin Retention</a></li> </ul>
D2950	Core buildup, including any pins when required	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Buildup, Post and Core, and Pin Retention</a></li> </ul>
D2952	Post and core in addition to crown, indirectly fabricated	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> <li>• Narrative indicating completed root canal therapy</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Buildup, Post and Core, and Pin Retention</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Restorative Services</b>			
D2953	Each additional indirectly fabricated post - same tooth	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative indicating completed root canal therapy</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core, and Pin Retention</a></li> </ul>
D2954	Prefabricated post and core in addition to crown	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative indicating completed root canal therapy</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core, and Pin Retention</a></li> </ul>
D2960	Labial veneer (resin laminate) - direct	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Labial Veneers</a></li> </ul>
D2961	Labial veneer (resin laminate) - indirect	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Labial Veneers</a></li> </ul>
D2962	Labial veneer (porcelain laminate) - indirect	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs or intraoral photographs of teeth</li> <li>Date of prior placement of existing veneer and the rationale for replacement, if applicable</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Labial Veneers</a></li> </ul>

## Endodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Endodontic Retreatment</b>			
D3346	Retreatment of previous root canal therapy - anterior	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Endodontics</a></li> </ul>
D3347	Retreatment of previous root canal therapy - premolar	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Endodontics</a></li> </ul>
D3348	Retreatment of previous root canal therapy - molar	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Endodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Apicoectomy/Periradicular Services</b>			
D3410	Apicoectomy - anterior	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity including history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3421	Apicoectomy - premolar (first root)	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity including history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3425	Apicoectomy - molar (first root)	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth</li> <li>Narrative of necessity including history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3426	Apicoectomy (each additional root)	<ul style="list-style-type: none"> <li>Current dated radiographs of tooth</li> <li>Narrative of necessity including history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3450	Root amputation - per root	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3471	Surgical repair of root resorption - anterior	<ul style="list-style-type: none"> <li>Narrative indicating history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3472	Surgical repair of root resorption - premolar	<ul style="list-style-type: none"> <li>Narrative indicating history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3473	Surgical repair of root resorption - molar	<ul style="list-style-type: none"> <li>Narrative indicating history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
<b>Other Endodontic Procedures</b>			
D3920	Hemisection (including any root removal), not including root canal therapy	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>

## Periodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4249	Clinical crown lengthening – hard tissue	<ul style="list-style-type: none"> <li>Current dated pre-operative 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="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	<ul style="list-style-type: none"> <li>Current dated pre-operative 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="#">Surgical Periodontics: Resective Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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	Bone replacement graft - retained natural tooth - each additional site in quadrant	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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>
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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 Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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 Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D4268	Surgical revision procedure, per tooth	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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	Pedicle soft tissue graft procedure	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4276	Combined connective tissue and pedicle graft, per tooth	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	<ul style="list-style-type: none"> <li>• Current dated pre-operative 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="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Non-Surgical Periodontal Service</b>			
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Complete 6-point periodontal charting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Periodontal Therapy</a></li> </ul>
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Complete 6-point periodontal charting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Periodontal Therapy</a></li> </ul>
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	<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>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Periodontal Therapy</a></li> </ul>
<b>Other Periodontal Services</b>			
D4910	Periodontal maintenance	<ul style="list-style-type: none"> <li>Narrative specifying dates of previous scaling and root planing or osseous surgery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Non-Surgical Periodontal Therapy</a></li> </ul>

## Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5286	Removable unilateral partial denture – one piece resin (including retentive/ clasping materials, rests, and teeth) – per quadrant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Denture Rebase Procedures</b>			
D5710	Rebase complete maxillary denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5711	Rebase complete mandibular denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5720	Rebase maxillary partial denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5721	Rebase mandibular partial denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5725	Rebase hybrid prosthesis	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Denture Reline Procedures</b>			
D5730	Reline complete maxillary denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5731	Reline complete mandibular denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5740	Reline maxillary partial denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5741	Reline mandibular partial denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5750	Reline complete maxillary denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5751	Reline complete mandibular denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5760	Reline maxillary partial denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Denture Reline Procedures</b>			
D5761	Reline mandibular partial denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5765	Soft liner for complete or partial removable denture - indirect	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Interim Prosthesis</b>			
D5810	Interim complete denture (maxillary)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5811	Interim complete denture (mandibular)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary; Includes any necessary clasps and rests.	<ul style="list-style-type: none"> <li>Narrative of medical necessary</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	<ul style="list-style-type: none"> <li>Narrative of medical necessary</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Other Removable Prosthetic Services</b>			
D5863	Overdenture - complete maxillary	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5864	Overdenture - partial maxillary	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5865	Overdenture - complete mandibular	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5866	Overdenture - partial mandibular	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

## Implant

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Pre-Surgical Services</b>			
D6190	Radiographic/surgical implant index, by report	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
<b>Surgical Services</b>			
D6010	Surgical placement of implant body: endosteal implant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full mouth series</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full mouth series</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services</b>			
D6013	Surgical placement of mini implant	<ul style="list-style-type: none"> <li>• Panoramic radiograph or full mouth series</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6040	Surgical placement: epostal implant	<ul style="list-style-type: none"> <li>• Panoramic radiograph or full mouth series</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6102	Debridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	<ul style="list-style-type: none"> <li>• Radiographs of area</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6104	Bone graft at time of implant placement	<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 Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6106	Guided tissue regeneration – resorbable barrier, per implant	<ul style="list-style-type: none"> <li>• Current pre-operative radiographs of area</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	<ul style="list-style-type: none"> <li>• Current pre-operative radiographs of area</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Placement and Treatment of Peri-Implant/Defects Disease</a></li> </ul>
<b>Implant Supported Prosthetics: Supporting Structures</b>			
D6051	Placement of interim implant abutment	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> <li>• Narrative of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6192	Semi-precision attachment - placement	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6055	Connecting bar – implant supported or abutment supported	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6056	Prefabricated abutment - includes modification and placement	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6057	Custom abutment – includes placement	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>
<b>Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures</b>			
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	<ul style="list-style-type: none"> <li>• Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Supported Prostheses</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures</b>			
D6111	Implant /abutment supported removable denture for edentulous arch-mandibular	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6113	Implant /abutment supported removable denture for partially	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
<b>Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</b>			
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
<b>Implant Supported Prosthetics: Single Crowns, Abutment Supported</b>			
D6058	Abutment supported porcelain/ceramic crown	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6061	Abutment supported porcelain fused to metal crown (noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6062	Abutment supported cast metal crown (high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Implant Supported Prosthetics: Single Crowns, Abutment Supported</b>			
D6063	Abutment supported cast metal crown (predominantly base metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6064	Abutment supported cast metal crown (noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6094	Abutment supported crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6065	Implant supported porcelain/ceramic crown	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6082	Implant supported crown – porcelain fused to predominantly	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6083	Implant supported crown - porcelain fused to noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6084	Implant supported crown - porcelain fused to noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6086	Implant supported crown - predominantly base alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6087	Implant supported crown - noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6088	Implant supported crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported</b>			
D6068	Abutment supported retainer for porcelain/ceramic FPD	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6074	Abutment supported retainer for cast metal FPD (noble metal)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6194	Abutment supported retainer crown for FPD – (titanium)	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6195	Abutment supported retainer – porcelain fused to titanium	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6075	Implant supported retainer for ceramic FPD	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6077	Implant supported retainer for metal FPD - high noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6098	Implant supported retainer – porcelain fused topredominantly base alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported</b>			
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6121	Implant supported retainer for metal FPD - predominantly base alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6122	Implant supported retainer for metal FPD - noble alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
<b>Other Implant Services</b>			
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	<ul style="list-style-type: none"> <li>Narrative of the nature of the maintenance procedure required</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	<ul style="list-style-type: none"> <li>Radiographs of area</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant Defects/Disease</a></li> </ul>
D6085	Interim implant crown	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> <li>Narrative of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>
D6092	Re-cement or re-bond implant/abutment supported crown	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prostheses</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Implant Services</b>			
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prosthesis</a></li> </ul>
D6096	Remove broken implant retaining screw	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prosthesis</a></li> </ul>
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> <li>Narrative of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prosthesis</a></li> </ul>
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	<ul style="list-style-type: none"> <li>Radiographs of implant in place (post-service) or projected date of implant placement (pre-service)</li> <li>Narrative of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prosthesis</a></li> </ul>
D6198	Remove interim implant component	<ul style="list-style-type: none"> <li>Current dated pre-operative radiograph of area</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Implant Supported Prosthesis</a></li> </ul>
D6199	Unspecified implant procedure, by report	<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 Prosthesis</a></li> <li><a href="#">Dental Implant Placement and Treatment of Peri-Implant Defects/Disease</a></li> </ul>

## Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Pontics</b>			
D6205	Pontic – indirect resin based composite	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6210	Pontic – cast high noble metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6211	Pontic – cast predominantly base metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6212	Pontic – cast noble metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6214	Pontic – titanium	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6240	Pontic – porcelain fused to high noble metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6241	Pontic – porcelain fused to predominantly base metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>
D6242	Pontic – porcelain fused to noble metal	<ul style="list-style-type: none"> <li>Full arch radiographs</li> <li>Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Pontics</b>			
D6243	Pontic – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6245	Pontic – porcelain/ceramic	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6250	Pontic – resin with high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6251	Pontic – resin with predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6252	Pontic – resin with noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6253	Provisional pontic – further treatment of completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> <li>• Narrative of necessity that states what further treatment or diagnosis is medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<b>Fixed Partial Denture Retainers- Inlays/Onlays</b>			
D6545	Retainer – cast metal for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6549	Resin retainer – for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6600	Retainer Inlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6602	Retainer Inlay – cast high noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6603	Retainer Inlay – cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6604	Retainer Inlay – cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Retainers- Inlays/Onlays</b>			
D6606	Retainer Inlay – cast noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6607	Retainer Inlay – cast noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6608	Retainer Onlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6609	Retainer Onlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6610	Retainer onlay - cast high noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6611	Retainer onlay - cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6612	Retainer onlay - cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6614	Retainer onlay - cast noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6615	Retainer onlay - cast noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6634	Retainer Onlay – titanium	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<b>Fixed Partial Denture Retainers- Crowns</b>			
D6710	Retainer crown - indirect resin based composite	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6720	Retainer crown - resin with high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6721	Retainer crown - resin with predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6722	Retainer crown - resin with noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6740	Retainer crown - porcelain/ceramic	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6750	Retainer crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Retainers- Crowns</b>			
D6751	Retainer crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6752	Retainer crown - porcelain fused to noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6780	Retainer crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6781	Retainer crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6782	Retainer crown - 3/4 cast noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6783	Retainer crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6784	Retainer crown 3/4 - titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6790	Retainer crown - full cast high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6791	Retainer crown - full cast predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6792	Retainer crown - full cast noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6794	Retainer crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<b>Other Fixed Partial Denture Services</b>			
D6980	Fixed partial denture repair necessitated by restorative material failure	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

## Oral and Maxillofacial Surgery

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>			
D7220	Removal of impacted tooth – soft tissue	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7230	Removal of impacted tooth – partially bony	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7240	Removal of impacted tooth – completely bony	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
<b>Other Surgical Procedures</b>			
D7261	Primary closure of a sinus perforation	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
<b>Other Repair Procedures</b>			
D7953	Bone replacement graft for ridge preservation – per site	<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>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	<ul style="list-style-type: none"> <li>Current pre-operative radiograph of area</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	<ul style="list-style-type: none"> <li>Current pre-operative radiograph of area</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D7961	Buccal/labial frenectomy (frenulectomy)	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7962	Lingual frenectomy (frenulectomy)	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7963	Frenuloplasty	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7972	Surgical reduction of fibrous tuberosity	<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="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7993	Surgical placement of craniofacial implant - extra oral	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7994	Surgical placement: zygomatic implant	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A

## Orthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Limited Orthodontic Treatment</b>			
D8010	Limited orthodontic treatment of the primary dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
D8020	Limited orthodontic treatment of the transitional dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
D8030	Limited orthodontic treatment of the adolescent dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
D8040	Limited orthodontic treatment of the adult dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
<b>Comprehensive Orthodontic Treatment</b>			
D8070	Comprehensive orthodontic treatment of the transitional dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
D8080	Comprehensive orthodontic treatment of the adolescent dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>
D8090	Comprehensive orthodontic treatment of the adult dentition	<ul style="list-style-type: none"> <li>EHB exception requests only: please follow state-specific documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medically Necessary Orthodontic Treatment</a></li> </ul>

## Adjunctive General Services

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Anesthesia</b>			
D9222	Deep sedation/general anesthesia – first 15 minutes	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>
D9223	Deep sedation/general anesthesia – each 15 minute increment	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Anesthesia</b>			
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	<ul style="list-style-type: none"> <li>Anesthesia/Sedation Record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>
D9248	Non-intravenous conscious sedation	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">General Anesthesia and Conscious Sedation Services</a></li> </ul>
<b>Drugs</b>			
D9610	Therapeutic parenteral drug, single administration	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Name of medication used and route of administration</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">In-Office Drug Administration and Dispensing of Medications</a></li> </ul>
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Name of medication used and route of administration</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">In-Office Drug Administration and Dispensing of Medications</a></li> </ul>
D9613	Infiltration of sustained release therapeutic drug – single or	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">In-Office Drug Administration and Dispensing of Medications</a></li> </ul>
<b>Miscellaneous Services</b>			
D9932	Cleaning and inspection of removable complete denture, maxillary	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	N/A
D9933	Cleaning and inspection of removable complete denture, mandibular	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	N/A
D9934	Cleaning and inspection of removable partial denture, maxillary	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	N/A
D9935	Cleaning and inspection of removable partial denture, mandibular	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	N/A
D9944	Occlusal guard - hard appliance, full arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>
D9945	Occlusal guard - soft appliance, full arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>
D9946	Occlusal guard - hard appliance, partial arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>

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## Guideline History/Revision Information

Date	Summary of Changes
01/01/2025	<p><b>Title Change/Template Update</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>National Standardized Dental Claim Utilization Review Guidelines (for Commercial Only)</i></li> <li>Changed policy type classification from “Utilization Review Guideline” to “Review Guideline”</li> </ul>

Date	Summary of Changes
	<p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• Updated list of CDT codes with associated documentation requirements: <ul style="list-style-type: none"> <li><b><i>Implants</i></b> <ul style="list-style-type: none"> <li>○ Removed D6095*</li> <li>○ Revised description for D6051*, D6080*, and D6081*</li> </ul> </li> <li><b><i>Fixed Prosthodontics</i></b> <ul style="list-style-type: none"> <li>○ Revised description for D6600, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, and D6634 (*annual edit)</li> </ul> </li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version DURG042.17</li> </ul>