

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

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Resource Tools
None

Instructions for Use

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

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

Documentation Requirements

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

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

Notes:

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

Diagnostic

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

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Diagnostic Imaging: Image Capture with Interpretation		
D0364		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0365		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0366		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0367		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0368		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0369		
D0370		
D0371		
D0372		
D0373		
D0374		
D0801		
D0802		
D0803		
D0804		
Diagnostic Imaging: Image Capture Only		
D0380		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0381		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0382		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0383		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0384		<ul style="list-style-type: none"> • Cone Beam Computed Tomography
D0385		
D0386		
D0701		
D0387		
D0388		
D0389		
D0702		
D0703		
D0705		
D0706		
D0707		
D0708		
D0709		
Diagnostic Imaging: Interpretation and Report Only		
D0391		
Diagnostic Imaging: Post Processing of Image or Image Sets		
D0393		
D0394		
D0395		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Tests and Examinations		
D0414		<ul style="list-style-type: none"> • Bacterial and Viral Testing of Oral Infections
D0415		<ul style="list-style-type: none"> • Bacterial and Viral Testing of Oral Infections
D0416		<ul style="list-style-type: none"> • Bacterial and Viral Testing of Oral Infections
D0417		<ul style="list-style-type: none"> • Salivary Testing
D0418		<ul style="list-style-type: none"> • Salivary Testing
D0419		<ul style="list-style-type: none"> • Salivary Testing
D0422		<ul style="list-style-type: none"> • Genetic Testing for Oral Disease
D0423		<ul style="list-style-type: none"> • Genetic Testing for Oral Disease
D0425		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D0431		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D0460		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D0470		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D0600		<ul style="list-style-type: none"> • Non-Ionizing Diagnostic Procedures
D0601		
D0602		
D0603		
D0604		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D0605		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
Oral Pathology Laboratory		
D0472		
D0473		
D0474		
D0475		
D0476		
D0477		
D0478		
D0479		
D0480		
D0481		
D0482		
D0483		
D0484		
D0485		
D0486		
D0502		
D0999		

Preventive

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

Restorative

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Amalgam Restorations (Including Polishing)		
D2140		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2150		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2160		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2161		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
Resin-Based Composite Restorations – Direct		
D2330		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2331		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2332		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2335		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2390	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs 	<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2391		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2392		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2393		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2394		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
Gold Foil Restorations		
D2410		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2420		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
D2430		<ul style="list-style-type: none"> • Single Tooth Direct Restorations
Inlay/Onlay Restorations		
D2510		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2520		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2530		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2542	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2543	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2544	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Inlay/Onlay Restorations: Porcelain/Ceramic Inlays/Onlays Include All Indirect Ceramic and Porcelain Type Inlays/Onlays		
D2610		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2620		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2630		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2642	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2643	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2644	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique		
D2650		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2651		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2652		<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2662	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2663	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2664	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
Crowns – Single Restorations Only		
D2710	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Crowns – Single Restorations Only		
D2712	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2720	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2721	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2722	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2740	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2750	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2751	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Crowns – Single Restorations Only		
D2752	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2780	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2781	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2782	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2783	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2790	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2791	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • 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 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Crowns – Single Restorations Only		
D2792	<ul style="list-style-type: none"> Current dated radiographs of teeth Date of prior placement of existing crowns and the rationale for replacement, if applicable 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 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations
D2794	<ul style="list-style-type: none"> Current dated radiographs of teeth Date of prior placement of existing crowns and the rationale for replacement, if applicable 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 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations
D2799	<ul style="list-style-type: none"> Current dated radiographs of teeth Narrative of necessity 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations
Other Restorative Services		
D2910		<ul style="list-style-type: none"> Other Restorative Procedures
D2915		<ul style="list-style-type: none"> Other Restorative Procedures
D2920		<ul style="list-style-type: none"> Other Restorative Procedures
D2921		<ul style="list-style-type: none"> Other Restorative Procedures
D2928		<ul style="list-style-type: none"> Prefabricated Crowns
D2929		<ul style="list-style-type: none"> Prefabricated Crowns
D2930		<ul style="list-style-type: none"> Prefabricated Crowns
D2931		<ul style="list-style-type: none"> Prefabricated Crowns
D2932		<ul style="list-style-type: none"> Prefabricated Crowns
D2933		<ul style="list-style-type: none"> Prefabricated Crowns
D2940		<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2941		<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2949		<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2950	<ul style="list-style-type: none"> Current dated radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2951		<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2952	<ul style="list-style-type: none"> Current dated radiographs of teeth 	<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2953	<ul style="list-style-type: none"> Current dated radiographs of teeth 	<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2954	<ul style="list-style-type: none"> Current dated radiographs of teeth 	<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2955		<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention
D2957	<ul style="list-style-type: none"> Current dated radiographs of teeth 	<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention

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

Endodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Pulp Capping		
D3110		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3120		<ul style="list-style-type: none"> Non-Surgical Endodontics
Pulpotomy		
D3220		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3221		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3222		<ul style="list-style-type: none"> Non-Surgical Endodontics
Endodontic Therapy on Primary Teeth		
D3230		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3240		<ul style="list-style-type: none"> Non-Surgical Endodontics
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3320		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3330		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3331		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3332		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3333		<ul style="list-style-type: none"> Non-Surgical Endodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Endodontic Retreatment		
D3346	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Non-Surgical Endodontics
D3347	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Non-Surgical Endodontics
D3348	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Non-Surgical Endodontics
Apexification/Recalcification		
D3351		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3352		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3353		<ul style="list-style-type: none"> Non-Surgical Endodontics
Pulpal Regeneration		
D3355		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3356		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3357		<ul style="list-style-type: none"> Non-Surgical Endodontics
Apicoectomy/Periradicular Services		
D3410	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3421	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3425	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3426	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3428		<ul style="list-style-type: none"> Surgical Endodontics
D3429		<ul style="list-style-type: none"> Surgical Endodontics
D3430	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3431		<ul style="list-style-type: none"> Surgical Endodontics
D3432		<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration
D3450	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3460		<ul style="list-style-type: none"> Surgical Endodontics
D3470		<ul style="list-style-type: none"> Surgical Endodontics
D3471		<ul style="list-style-type: none"> Surgical Endodontics
D3472		<ul style="list-style-type: none"> Surgical Endodontics
D3473		<ul style="list-style-type: none"> Surgical Endodontics
D3501		<ul style="list-style-type: none"> Surgical Endodontics
D3502		<ul style="list-style-type: none"> Surgical Endodontics
D3503		<ul style="list-style-type: none"> Surgical Endodontics
Other Endodontic Procedures		
D3910		<ul style="list-style-type: none"> Surgical Endodontics
D3911		<ul style="list-style-type: none"> Non-Surgical Endodontics
D3920	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Endodontic Procedures		
D3921		<ul style="list-style-type: none"> • Non-Surgical Endodontics
D3950		<ul style="list-style-type: none"> • Surgical Endodontics
D3999		<ul style="list-style-type: none"> • Surgical Endodontics

Periodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Surgical Services (Including Usual Postoperative Care)		
D4210		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4211		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4212		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4230	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4231	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4240		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4241		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4245		<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4249	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4260	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4261	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective Procedures
D4263	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Biologic Materials for Soft and Hard Tissue Regeneration • Bone Replacement Grafts • Dental Care Services in an Operating Room or Ambulatory Surgery Center
D4264	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Biologic Materials for Soft and Hard Tissue Regeneration • Bone Replacement Grafts • Dental Care Services in an Operating Room or Ambulatory Surgery Center
D4265	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Biologic Materials for Soft and Hard Tissue Regeneration • Dental Care Services in an Operating Room or Ambulatory Surgery Center • Surgical Periodontics: Mucogingival Procedures

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Surgical Services (Including Usual Postoperative Care)		
D4266	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration
D4267	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration
D4268	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Care Services in an Operating Room or Ambulatory Surgery Center Surgical Periodontics: Mucogingival Procedures
D4270	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4273	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4274	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Resective Procedures
D4275	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4276	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4277	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4278	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4283	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4285	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4286		<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Non-Surgical Periodontal Service		
D4322		<ul style="list-style-type: none"> • Coronal Splinting
D4323		<ul style="list-style-type: none"> • Coronal Splinting
D4341	<ul style="list-style-type: none"> • Panoramic radiograph or full series • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
D4342	<ul style="list-style-type: none"> • Panoramic radiograph or full series • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
D4346	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
D4355	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Full Mouth Debridement
D4381	<ul style="list-style-type: none"> • Panoramic radiograph or full series • Complete 6-point periodontal charting • Dates of previous scaling and root planing 	<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
Other Periodontal Services		
D4910		<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
D4921		<ul style="list-style-type: none"> • Non-Surgical Periodontal Therapy
D4999		<ul style="list-style-type: none"> • Surgical Periodontics: Mucogingival Procedures • Surgical Periodontics: Resective Procedures

Removable Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Complete Dentures (Including Routine Post-Delivery Care)		
D5110		<ul style="list-style-type: none"> • Removable Prosthodontics
D5120		<ul style="list-style-type: none"> • Removable Prosthodontics
D5130		<ul style="list-style-type: none"> • Removable Prosthodontics
D5140		<ul style="list-style-type: none"> • Removable Prosthodontics
Partial Dentures (Including Routine Post-Delivery Care)		
D5211		<ul style="list-style-type: none"> • Removable Prosthodontics
D5212		<ul style="list-style-type: none"> • Removable Prosthodontics
D5213		<ul style="list-style-type: none"> • Removable Prosthodontics
D5214		<ul style="list-style-type: none"> • Removable Prosthodontics
D5221		<ul style="list-style-type: none"> • Removable Prosthodontics
D5222		<ul style="list-style-type: none"> • Removable Prosthodontics
D5223		<ul style="list-style-type: none"> • Removable Prosthodontics
D5224		<ul style="list-style-type: none"> • Removable Prosthodontics
D5225		<ul style="list-style-type: none"> • Removable Prosthodontics
D5226		<ul style="list-style-type: none"> • Removable Prosthodontics
D5282		<ul style="list-style-type: none"> • Removable Prosthodontics
D5227		<ul style="list-style-type: none"> • Removable Prosthodontics
D5228		<ul style="list-style-type: none"> • Removable Prosthodontics
D5283		<ul style="list-style-type: none"> • Removable Prosthodontics
D5284		<ul style="list-style-type: none"> • Removable Prosthodontics
D5286		<ul style="list-style-type: none"> • Removable Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Adjustments to Dentures		
D5410		<ul style="list-style-type: none"> • Removable Prosthodontics
D5411		<ul style="list-style-type: none"> • Removable Prosthodontics
D5421		<ul style="list-style-type: none"> • Removable Prosthodontics
D5422		<ul style="list-style-type: none"> • Removable Prosthodontics
Repairs to Complete Dentures		
D5511		<ul style="list-style-type: none"> • Removable Prosthodontics
D5512		<ul style="list-style-type: none"> • Removable Prosthodontics
D5520		<ul style="list-style-type: none"> • Removable Prosthodontics
Repairs to Partial Dentures		
D5611		<ul style="list-style-type: none"> • Removable Prosthodontics
D5612		<ul style="list-style-type: none"> • Removable Prosthodontics
D5621		<ul style="list-style-type: none"> • Removable Prosthodontics
D5622		<ul style="list-style-type: none"> • Removable Prosthodontics
D5630		<ul style="list-style-type: none"> • Removable Prosthodontics
D5640		<ul style="list-style-type: none"> • Removable Prosthodontics
D5650		<ul style="list-style-type: none"> • Removable Prosthodontics
D5660		<ul style="list-style-type: none"> • Removable Prosthodontics
D5670		<ul style="list-style-type: none"> • Removable Prosthodontics
D5671		<ul style="list-style-type: none"> • Removable Prosthodontics
Denture Rebase Procedures		
D5710		<ul style="list-style-type: none"> • Removable Prosthodontics
D5711		<ul style="list-style-type: none"> • Removable Prosthodontics
D5720		<ul style="list-style-type: none"> • Removable Prosthodontics
D5721		<ul style="list-style-type: none"> • Removable Prosthodontics
D5725		
Denture Reline Procedures		
D5730		<ul style="list-style-type: none"> • Removable Prosthodontics
D5731		<ul style="list-style-type: none"> • Removable Prosthodontics
D5740		<ul style="list-style-type: none"> • Removable Prosthodontics
D5741		<ul style="list-style-type: none"> • Removable Prosthodontics
D5750		<ul style="list-style-type: none"> • Removable Prosthodontics
D5751		<ul style="list-style-type: none"> • Removable Prosthodontics
D5760		<ul style="list-style-type: none"> • Removable Prosthodontics
D5761		<ul style="list-style-type: none"> • Removable Prosthodontics
D5765		<ul style="list-style-type: none"> • Removable Prosthodontics
Interim Prosthesis		
D5810		<ul style="list-style-type: none"> • Removable Prosthodontics
D5811		<ul style="list-style-type: none"> • Removable Prosthodontics
D5820		<ul style="list-style-type: none"> • Removable Prosthodontics
D5821		<ul style="list-style-type: none"> • Removable Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Removable Prosthetic Services		
D5850		<ul style="list-style-type: none"> • Removable Prosthodontics
D5851		<ul style="list-style-type: none"> • Removable Prosthodontics
D5862		<ul style="list-style-type: none"> • Removable Prosthodontics
D5863		<ul style="list-style-type: none"> • Removable Prosthodontics
D5864		<ul style="list-style-type: none"> • Removable Prosthodontics
D5865		<ul style="list-style-type: none"> • Removable Prosthodontics
D5866		<ul style="list-style-type: none"> • Removable Prosthodontics
D5867		<ul style="list-style-type: none"> • Removable Prosthodontics
D5875		<ul style="list-style-type: none"> • Removable Prosthodontics
D5876		<ul style="list-style-type: none"> • Removable Prosthodontics
D5899		<ul style="list-style-type: none"> • Removable Prosthodontics

Maxillofacial Prosthetics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Removable Prosthetic Services		
D5911		
D5912		
D5913		
D5914		
D5915		
D5916		
D5919		
D5922		
D5923		
D5924		
D5925		
D5926		
D5927		
D5928		
D5929		
D5931		
D5932		
D5933		
D5934		
D5935		
D5936		
D5937		
D5951		
D5952		
D5953		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Removable Prosthetic Services		
D5954		
D5955		
D5958		
D5959		
D5960		
D5982		
D5984		
D5985		
D5987		
D5988		
D5992		
D5993		
Carriers		
D5983		
D5986		
D5991		
D5995		
D5996		
D5999		

Implant

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Pre-Surgical Services		
D6190		<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6010	<ul style="list-style-type: none"> • Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6011		<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6012	<ul style="list-style-type: none"> • Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6013	<ul style="list-style-type: none"> • Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6040	<ul style="list-style-type: none"> • Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6050	<ul style="list-style-type: none"> • Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Surgical Services		
D6100	<ul style="list-style-type: none"> • Radiographs of area • Narrative of necessity 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6101	<ul style="list-style-type: none"> • Radiographs of area • Complete 6-point periodontal charting • Narrative of necessity 	<ul style="list-style-type: none"> • Dental Implant Placement and Treatment of Peri-Implant/Defects Disease

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Surgical Services		
D6102	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6103	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6104	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6105		<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6106		<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6107		<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Implant Supported Prosthetics: Supporting Structures		
D6051	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6191	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6192	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6055	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6056	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6057	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures		
D6110	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures		
D6111	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6112	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6113	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6114	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6115	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6116	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6117	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Single Crowns, Abutment Supported		
D6058	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6059	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6060	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Single Crowns, Abutment Supported		
D6061	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6062	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6063	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6064	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6094	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6097	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6065	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6066	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6067	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6082	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Single Crowns, Abutment Supported		
D6083	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6084	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6086	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6087	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6088	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported		
D6068	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6069	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6070	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6071	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6072	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported		
D6073	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6074	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6194	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6195	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6075	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6076	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6077	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6098	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6099	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6120	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported		
D6121	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6122	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6123	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6080		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6081	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
D6085	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6090	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6091		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6092		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Other Implant Services		
D6093		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6095	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6096	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6118	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6119	<ul style="list-style-type: none"> Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration. 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6197		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6198		<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6199	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

Fixed Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Fixed Partial Denture Pontics		
D6205	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6210	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6211	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6212	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6214	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6240	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6241	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6242	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6245	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6250	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6251	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6252	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6253	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth Narrative of necessity 	<ul style="list-style-type: none"> Fixed Prosthodontics
Fixed Partial Denture Retainers – Inlays/Onlays		
D6545	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6548	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6549	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6600	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6601	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6602	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6603	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6604	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6605	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6606	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Fixed Partial Denture Retainers – Inlays/Onlays		
D6607	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6608	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6609	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6610	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6611	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6612	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6613	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6614	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6615	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6624	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6634	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
Fixed Partial Denture Retainers – Crowns		
D6710	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6720	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6721	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6722	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6740	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6750	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6751	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6752	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6753	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6780	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6781	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6782	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6783	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6784	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Fixed Partial Denture Retainers – Crowns		
D6790	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6791	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6792	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6793	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth Narrative of necessity 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6794	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
Other Fixed Partial Denture Services		
D6920		<ul style="list-style-type: none"> Fixed Prosthodontics
D6930		<ul style="list-style-type: none"> Fixed Prosthodontics
D6940		<ul style="list-style-type: none"> Fixed Prosthodontics
D6950		<ul style="list-style-type: none"> Fixed Prosthodontics
D6980	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6985		<ul style="list-style-type: none"> Fixed Prosthodontics
D6999		<ul style="list-style-type: none"> Fixed Prosthodontics

Oral and Maxillofacial Surgery

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)		
D7111		<ul style="list-style-type: none"> Non-Surgical Extractions
D7140		<ul style="list-style-type: none"> Non-Surgical Extractions
D7210		<ul style="list-style-type: none"> Surgical Extraction of Erupted Teeth and Retained Roots
D7220	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7230	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7240	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7241	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7250	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Surgical Extraction of Erupted Teeth and Retained Roots
D7251		<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7260		<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures
D7261	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures
D7270		<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures
D7272		<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)		
D7280		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7282	<ul style="list-style-type: none"> • Panoramic radiograph • Narrative of necessity 	<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7283		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7285		
D7286		
D7287		
Other Surgical Procedures		
D7288		<ul style="list-style-type: none"> • Miscellaneous Diagnostic Procedures
D7290		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7291		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7292		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7293		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7294		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7295		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7296		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7297		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7298		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7299		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7300		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
Alveoplasty – Preparation of Ridge		
D7310		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
D7311		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
D7320		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
D7321		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
Vestibuloplasty		
D7340		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
D7350		<ul style="list-style-type: none"> • Oral Surgery: Alveoplasty and Vestibuloplasty
D7410		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Vestibuloplasty		
D7411	<ul style="list-style-type: none"> Narrative of necessity Pathology report 	
D7412	<ul style="list-style-type: none"> Narrative of necessity Pathology report 	
D7413		
D7414		
D7415		
Excision of Soft Tissue Lesions		
D7465		
Excision of Intra-Osseous Lesions		
D7440		
D7441		
D7450		Coverage Criteria <ul style="list-style-type: none"> Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.
D7451		Coverage Criteria <ul style="list-style-type: none"> Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.
D7460		Coverage Criteria <ul style="list-style-type: none"> Presence of hard, attached or freely movable raised or erythematous lesion.
D7461		Coverage Criteria <ul style="list-style-type: none"> Presence of hard, attached or freely movable raised or erythematous lesion.
Excision of Bone Tissue		
D7471		<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7472		<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7473		<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7485		
D7490		
Surgical Incision		
D7509		
D7510		Coverage Criteria <ul style="list-style-type: none"> Not usually benefited when at same time as extraction.
D7511		
D7520		Coverage Criteria <ul style="list-style-type: none"> Not usually benefited when at same time as extraction.
D7521		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Surgical Incision		
D7530		
D7540		
D7550		
D7560		
Treatment of Closed Fractures		
D7610		
D7620		
D7630		
D7640		
D7650		
D7660		
D7670		
D7671		
D7680		
Treatment of Open Fractures		
D7710		
D7720		
D7730		
D7740		
D7750		
D7760		
D7770		
D7771		
D7780		
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810		
D7820		
D7830		
D7840		
D7850		
D7852		
D7854		
D7856		
D7858		
D7860		
D7865		
D7870		
D7871		
D7872		
D7873		
D7874		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7875		
D7876		
D7877		
D7880	<ul style="list-style-type: none"> • TMJ radiographs • Narrative of necessity 	<ul style="list-style-type: none"> • Occlusal Guards
D7881		<ul style="list-style-type: none"> • Occlusal Guards
D7899	<ul style="list-style-type: none"> • TMJ radiographs • Narrative of necessity 	
Repair of Traumatic Wounds		
D7910		
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)		
D7911		
D7912		
Other Repair Procedures		
D7920		
D7921		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7922		<ul style="list-style-type: none"> • Surgical Extraction of Erupted Teeth and Retained Roots • Surgical Extraction of Impacted Teeth
D7940		
D7941		
D7943		
D7944		
D7945		
D7946		
D7947		
D7948		
D7949		
D7950		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7951		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7952		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7953	<ul style="list-style-type: none"> • Current dated radiograph of the tooth to be extracted • Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement 	<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7955		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Repair Procedures		
D7956		<ul style="list-style-type: none"> • Dental Barrier Membrane Guided Tissue Regeneration
D7957		<ul style="list-style-type: none"> • Dental Barrier Membrane Guided Tissue Regeneration
D7961		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7962		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7963		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7970		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7971		<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7972	<ul style="list-style-type: none"> • Radiographs of area • Narrative of necessity 	<ul style="list-style-type: none"> • Oral Surgery: Non-Pathologic Excisional Procedures
D7979		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7980		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7981		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7982		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7983		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures
D7990		
D7991		
D7993		
D7994		
D7995		
D7996		
D7997		<ul style="list-style-type: none"> • Oral Surgery: Orthodontic Related Procedures
D7998		
D7999		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures • Oral Surgery: Non-Pathologic Excisional Procedures

Orthodontics

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Limited Orthodontic Treatment		
D8010		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8020		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8030		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8040		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Comprehensive Orthodontic Treatment		
D8070		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8080		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8090		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
Minor Treatment to Control Harmful Habits		
D8210		
D8220		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
Other Orthodontic Services		
D8660		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8670		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8680		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8681		
D8692		
D8693		
D8694		
D8695		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8696		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8697		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8698		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8699		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8701		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8702		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8703		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8704		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment
D8999		<ul style="list-style-type: none"> • Medically Necessary Orthodontic Treatment

Adjunctive General Services

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Unclassified Treatment		
D9110		<p>Coverage Criteria</p> <ul style="list-style-type: none"> • Not payable with other services such as extraction, incision/drainage, sedative on same date-of-service, with the exception of x-rays and exam (usually D0140). • For immediate relief of pain and not a definitive procedure.
D9120		
Anesthesia		
D9210		<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Anesthesia		
D9211		<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9212		<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9215		<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9219		<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9222	<ul style="list-style-type: none"> • Anesthesia/Sedation Record including start time and stop time • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9223	<ul style="list-style-type: none"> • Anesthesia/Sedation Record including start time and stop time • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9230	<ul style="list-style-type: none"> • Anesthesia/Sedation Record including start time and stop time • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9239	<ul style="list-style-type: none"> • Anesthesia/Sedation Record including start time and stop time • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9243	<ul style="list-style-type: none"> • Anesthesia/Sedation Record including start time and stop time • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
D9248	<ul style="list-style-type: none"> • Narrative of necessity 	<ul style="list-style-type: none"> • General Anesthesia and Conscious Sedation Services
Professional Consultation		
D9310		<p>Coverage Criteria</p> <ul style="list-style-type: none"> • A diagnostic service not by the practitioner providing the specific or on-going treatment. • The condition may be out of the scope of practice, requiring second opinion.
D9311		<p>Coverage Criteria</p> <ul style="list-style-type: none"> • A diagnostic service not by the practitioner providing the specific or on-going treatment. • The condition may be out of the scope of practice, requiring second opinion.
Professional Visits		
D9410		
D9420		
D9430		
D9440		
D9450		
Drugs		
D9610	<ul style="list-style-type: none"> • Narrative of necessity 	<ul style="list-style-type: none"> • In-Office Drug Administration and Dispensing of Medications
D9612	<ul style="list-style-type: none"> • Narrative of necessity 	<ul style="list-style-type: none"> • In-Office Drug Administration and Dispensing of Medications
D9613	<ul style="list-style-type: none"> • Narrative of necessity 	<ul style="list-style-type: none"> • In-Office Drug Administration and Dispensing of Medications

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Drugs		
D9630	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> In-Office Drug Administration and Dispensing of Medications
Miscellaneous Services		
D9910		Application of Desensitizing Medicaments and Resins
D9911		Application of Desensitizing Medicaments and Resins
D9920		Coverage Criteria <ul style="list-style-type: none"> Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.
D9930		Coverage Criteria <ul style="list-style-type: none"> Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).
D9932		
D9933		
D9934		
D9935		
D9941		<ul style="list-style-type: none"> Occlusal Guards
D9942		<ul style="list-style-type: none"> Occlusal Guards
D9943		<ul style="list-style-type: none"> Occlusal Guards
D9944	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards
D9945	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards
D9946	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards
D9950		<ul style="list-style-type: none"> Occlusal Guards
D9951		<ul style="list-style-type: none"> Occlusal Guards
D9952		<ul style="list-style-type: none"> Occlusal Guards
D9953		
D9970		Coverage Criteria <ul style="list-style-type: none"> Discolored surface enamel from altered mineralization/decalcification. Per visit basis.
D9971		Coverage Criteria <ul style="list-style-type: none"> 1-2 teeth, includes removal of enamel projections.
D9972		
D9973		
D9974		
D9975		

CDT Code	Documentation Requirements	Coverage Criteria/Related Dental Policy
Non-Clinical Procedures		
D9985		
D9986		
D9987		
D9991		
D9992		
D9993		
D9994		
D9995		
D9996		
D9997		
D9999		

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Guideline History/Revision Information

Date	Summary of Changes
01/01/2024	<p>Title Change/Template Update</p> <ul style="list-style-type: none"> Previously titled <i>National Standardized Dental Claim Utilization Review Criteria</i> Removed language pertaining to-Medicare plan members; refer to Dental Claim Utilization Review Guideline titled <i>National Standardized Dental Claim Utilization Review Guidelines (for Medicare Only)</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version DURG042.15

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.