



DENTAL AND ORAL SURGERY CLAIM DOCUMENTATION GUIDELINES

Each benefits plan defines which services are covered, excluded and subject to dollar caps or other limits. Members and their dentists will need to refer to the member's benefits plan to determine if any exclusions or other benefit limitations apply*. In addition, coverage may be mandated by applicable state or federal legal requirements. Unless otherwise noted, all services must be submitted using valid and current Dental Procedures and Nomenclature (CDT®) codes**.

| CDT CODE** | DOCUMENTATION GUIDELINES | COVERAGE GUIDELINES* |
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| Restorative | | |
| D2929-D2390 D2542-D2544 D2642-D2644 D2662-D2664 D2710-D2799 D2930 D2960-D2962 | Current dated pre-operative radiographs ■ Prior placement date and rationale for replacement, if applicable | Restorative services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown root ratio of less than 50%, untreated periapical pathology, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest. |
| D2950 | Pre-operative and post-operative photographs showing the buildup in place OR pre-operative and post-operative radiographs showing the buildup in place | |
| D2971 | Current dated pre-operative radiographs ■ Narrative ▲ | |
| Endodontics | | |
| D3331 | Current dated pre-operative radiographs and post-operative radiographs ■ Narrative ▲ | Endodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown root ratio of less than 50%, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest. Aetna considers BioPure inclusive to the primary endodontic service. Additionally, the use of irrigants (diluted bleach, sterile water, saline, local anesthetic, BioPure – as an alternative to diluted bleach and/or other medicaments to irrigate the canal(s)) are also considered part of the primary endodontic service. CDT code D9630 should not be submitted for benefits for irrigation. D3331: Documentation is required to support the obstruction of 50% or more of the length of the tooth. Mid treatment xrays may be submitted as documentation of the obstruction. D3331 will not be benefited to the same provider that inadvertently causes the obstruction (iatrogenically). D3331 is considered inclusive to retreatment procedures D3346, D3347 and/or D3348. |
| D3428-D3429 | Current dated pre-operative radiographs ■ | |
| D3431 | Narrative ▲ Material Used | |
| D3432 | Current dated pre-operative radiographs ■ | |
| Periodontal | | |
| | Based on the American National Standard/American Dental Association Specification No. 1047, Standard Content of an Electronic Periodontal Attachment | |
| D4210 & D4211 | Current dated pre-operative periodontal charting ● | Periodontal services may not be covered for teeth exhibiting a poor or |

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| D4212 | Narrative ▲ | questionable prognosis due to advanced periodontal disease, a crown root ratio of less than 50%, untreated periapical pathology, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest. D4210 & D4211 require 5-8 mm periodontal pocketing to be considered for benefits. D4210 & D4211 are not benefited when submitted with D4341 & D4342 (scaling and root planing) or D4260 & D4261 (osseous surgery) if performed on the same date of service. D4210 & D4211 are considered inclusive to scaling and root planing, a distal wedge (D4274) and frenectomy procedure (D7960). D4211 will not be benefited for removal of hypertrophied tissue around a partially erupted or impacted tooth where the more appropriate code is D7971 – excision of pericoronal gingiva or operculectomy. D4211 is not benefited when the more appropriate code is D4212 (gingivectomy or gingivoplasty to allow access for restorative procedure) or D4230/D4231 (anatomical root exposure). D4249 requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. Soft tissue ‘crown lengthening’ will not be benefited as D4249. A minimum of four to six weeks is required prior to final preparation/impressions to be considered for benefits. D4260 & D4261 require a comprehensive periodontal charting indicating pocket depths of 5-8 mm. D4260 & D4261 will not be eligible for benefits if a full thickness flap has not been reflected and bone had not been reshaped. The LANAP technique does not have an ADA CDT code. The procedure is most accurately coded as D4341 - Periodontal Scaling and Root Planing, four or more teeth per quadrant or D4342 - Periodontal Scaling and Root Planing - one to three teeth, per quadrant. D4341 & D4342 Benefits for D4341 and D4342 require root surface calculus, radiographic bone loss and bleeding upon probing. Additional information such as gingival recession, frenum involvement and furcation defects are also evaluated, but in general, documented 5-8 mm pockets determine benefits. D4355 will be denied when performed on the same date of service as D0120 (D0145, D0150, D0160 and D0180 will be denied when performed on the same date of service as D4355) (D1110, D1120, D4341, D4342 and D4346 will be denied when performed on |
| D4240 & D4241 | Current dated pre-operative periodontal charting ● Current dated pre-operative radiographs ■ | |
| D4245 | Current dated pre-operative periodontal charting ● | |
| D4249 | Current dated pre-operative radiographs ■ | |
| D4260 & D4261 | Current dated pre-operative periodontal charting ● Current dated pre-operative radiographs ■ | |
| D4263, (First Site in Quadrant), D4266, D4267 | Current dated pre-operative periodontal charting ● Identify each site/tooth Current dated pre-operative radiographs ■ | |
| D4264 (Each Additional Site in the Quadrant) | Note: A single code for multiple sites is not valid. | |
| D4265 | Narrative ▲ Material Used | |
| D4268 | Current dated pre-operative radiographs ■ Narrative with tooth/teeth numbers and rationale for surgical revision ▲ Note: Date of surgical revision should be no more than twenty-four months and generally no less than six months from the date of the initial surgery. | |
| D4270, D4273, D4275, D4276, D4277, D4278, D4283 & D4285 | For each tooth/site proposed to receive a soft tissue graft, A chart or narrative containing the following Mucogingival Data <ul style="list-style-type: none"> ● Tooth # _____ ● MM Recession _____ ● MM Attached Gingiva _____ ● MM Attached Keratinized Gingiva _____ ● Preoperative photos if available | |
| D4274 | Current dated pre-operative periodontal charting ● Current dated pre-operative radiographs ■ | |

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| D4320 & D4321 | <p>Current dated pre-operative radiographs ■</p> <p>Current dated pre-operative periodontal charting ●</p> <p>Prior periodontal treatment history</p> <p>Teeth numbers being treated</p> | <p>the same date of service as D4355)</p> <p>D4381 requires a comprehensive periodontal charting indicating a refractory pocket depth of 5 – 7mm. D4381 will not be considered for benefits prior to a minimum of 4 weeks for adequate response to root planing and scaling before reevaluation. D4381 will not be considered eligible for benefits when applied to multiple sites (full quadrant) with pocketing and/or inflammation or when other more extensive periodontal treatment modalities (for example, surgery) may be more appropriate.</p> <p>There are no specific reporting codes for using a laser to perform periodontal-related procedures. Submissions reporting those procedures as D4999 for the use of the laser are not eligible for benefits.</p> |
| D4341 & D4342 | <p>Current dated pre-operative periodontal charting ●</p> <p>Current dated pre-operative radiographs ■</p> | |
| D4346 | <p>Current dated pre-operative periodontal charting ●</p> <p>Current dated pre-operative radiographs or photographs ■</p> | |
| D4381 | <p>Current dated pre-operative periodontal charting ●</p> | |
| Prostheses | | |
| D5875 | Narrative ▲ | |
| Implant Services | | |
| D6010-D6050, D6104 | <p>Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■</p> <p>Extraction dates of teeth to be replaced</p> <p>Date of prior prosthetic placement (fixed and/or removable dentures, if applicable)</p> <p>Numbers of all missing teeth</p> <p>Tooth number of proposed implants</p> | |
| D6052-D6079 D6094 & D6194 D6110-D6117 | <p>Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■</p> <p>Extraction dates of teeth to be replaced</p> <p>Date of prior prosthetic placement (fixed and/or removable dentures, if applicable)</p> <p>Numbers of all missing teeth</p> <p>Tooth number (s) of proposed treatment sites (s)</p> <ul style="list-style-type: none"> The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement. | |
| D6081 | Current Post-Operative Radiograph ■ | |

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| D6090, D6091, D6093, D6095, D6100 | Narrative ▲ Date of prior implant placement | |
| D6101, D6102, D6103 | Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ | |
| Prosthodontics, fixed | | |
| D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794 D6985 | Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Extraction dates of teeth to be replaced Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth | Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest. |
| Oral And Maxillofacial Surgery | | |
| D7210-D7240, | Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ All 3 rd molar extractions on patients age 15 or under to include rationale for extraction | |
| D7241 | Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Narrative ▲ – All D7241 to include rationale for unusual surgical complications | |
| D7251 | Current dated full mouth pre-operative radiographs and/or panoramic radiograph Narrative ▲ –to include rationale for unusual surgical complications | |
| D7450-D7461 | Current dated pre-operative radiographs ■ | |
| D7950-D7953 | Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Narrative describing the planned prosthetic reconstruction ▲ Number of missing tooth or area Numbers of all missing teeth | |
| Miscellaneous | | |
| D9130 | PT evaluation/data sheets – A written plan of care <u>This form is to be used for the 1st submission of D9130</u> <u>This form is to be used for the 26th submission of D9130</u> | The written plan of care must include the diagnosis, date of onset or exacerbation of the disorder, long-term and short-term goals that are specific, quantitative and objective, a reasonable estimate of when the goals will be reached, the frequency and duration of treatment and the specific treatment techniques and/or exercises to be used in treatment. The plan must include signatures of the patient's attending dentist and physical therapist if applicable. |
| D9223, D9243 D9248 | Current dated pre-operative radiographs ■ | D9223, D9243 and D9248 (D9222, D9239 effective 1/1/2018) will be considered |

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| <p>D9222, D9239 (effective 1/1/2018)</p> | <p>Narrative ▲ Anesthesia Records</p> | <p>eligible for benefits when one or more of the following criteria are met:</p> <ul style="list-style-type: none"> • Placement of two or more endosteal implants (D6010) on the same date of service or placement of one eposteal (D6040) or transosteal (D6050) implant. • Removal of one or more impacted teeth on the same day (applies to codes D7230, D7240, D7241 and D7251). • The extraction of five or more teeth. • More than one surgical extraction (D7210, D7220 and D7250) involving more than one quadrant on the same day. • Full edentulous arch alveoplasty or alveolectomy (applies to code D7320 – two quadrants). <ul style="list-style-type: none"> • One or more quadrants of periodontal surgery performed on the same day qualify for General Anesthesia (GA) (D4240-D4241, D4260-D4261). Osseous and soft tissue grafts (D4263, D4264, D4270, D4271, D4273, D4275, D4276, D4277, D4278, D4283, D4285) do not separately qualify for GA • Surgical root recovery from the maxillary antrum (sinus). • Tooth transplantation. • Surgical access of one or more unerupted teeth (D7280) • Full arch stomatoplasty/ vestibuloplasty. • Radical excision of lesions in excess of 1.25 cm (1/2in.). • Removal of one (or more) exostosis(es) code D7471 – D7485. • Radical resection or ostectomy with or without bone graft. • Two or more implant removal (D6100) performed on the same day. • Two or more D7950 performed on the same day. |
| <p>D9952</p> | <p>Current dated pre-operative radiographs ■ Narrative ▲</p> | |
| <p>By Report" procedures</p> | | |
| <p>D2999 D3999 D4999 D5899 D5999 D6199 D6999 D7999 D8999 D9999</p> | <p>Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan ▲ Radiographs, if applicable, to assist in describing clinical condition ■</p> | |
| <p>General Comments</p> | | |
| <p>■</p> | <p>QUALITY OF RADIOGRAPHS: All radiographic images should be of diagnostic quality, depicting appropriate structures, dated, mounted, and labeled right and left. Submitted radiographs should be duplicates and less than 36 months old and labeled with the patient's name and the provider's name and address. DO NOT SEND ORIGINAL RADIOGRAPHS SINCE THEY WILL NOT BE RETURNED. ELECTRONIC IMAGES OF THE RADIOGRAPHS WILL BE RETAINED BY AETNA.</p> | |
| <p>PERIODONTAL CHARTING: Must be comprehensive full mouth,</p> | | |

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| • | legible, dated, documented with probing depths (up to six per tooth), recorded in mm. per tooth, labeled right and left, mandibular and maxillary, with classified furcation defects and tooth mobility recorded as 1 st , 2 nd or 3 rd degree. May also include gingival margins, the amount of keratinized tissue, and amount of remaining attached gingiva and level of recession. | |
| ▲ | WRITTEN NARRATIVES: Must be clear, legible and provide rationale for the proposed treatment. Example: describes specific clinical conditions addressed by the procedure. | |
| | These guidelines represent frequently submitted procedures which require attachments and are not all inclusive. There may be other dental procedures not listed which require additional documentation. Submit only a completed claim for routine dental procedures such as cleanings and minor restorations, unless otherwise requested. | |