



## CLAIM DOCUMENTATION GUIDELINES

Current CDT CODE*	DOCUMENTATION GUIDELINES
<b>Restorative</b>	
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
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 ▲
<b>Endodontics</b>	
D3331	Current dated pre-operative radiographs and post-operative radiographs ■ Narrative ▲
D3428-D3429	Current dated pre-operative radiographs ■
D3431	Narrative ▲ Material Used
D3432	Current dated pre-operative radiographs ■
<b>Periodontal</b>	
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 •
D4212	Narrative ▲
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, D4264, D4266, D4267	Current dated pre-operative periodontal charting • Identify each site Current dated pre-operative radiographs ■  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"> <li>• Tooth # _____</li> <li>• MM Recession _____</li> <li>• MM Attached Gingiva _____</li> <li>• MM Attached Keratinized Gingiva _____</li> </ul>



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D4274	Current dated pre-operative periodontal charting • Current dated pre-operative radiographs ■
D4320 & D4321	Current dated pre-operative radiographs ■ Current dated pre-operative periodontal charting • Prior periodontal treatment history Teeth numbers being treated
D4341 & D4342	Current dated pre-operative periodontal charting • Current dated pre-operative radiographs ■
D4346	Current dated pre-operative periodontal charting • Current dated pre-operative radiographs or photographs ■
D4381	Current dated pre-operative periodontal charting •
<b>Prostheses</b>	
D5875	Narrative ▲
<b>Implant Services</b>	
D6010-D6050, D6104	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, if applicable) Numbers of all missing teeth Tooth number of proposed implants
D6052-D6079 D6094 & D6194 D6110-D6117	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, if applicable) Numbers of all missing teeth Tooth number (s) of proposed treatment sites (s) • 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 ■
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 ■
<b>Prosthetics, fixed</b>	
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
<b>Oral And Maxillofacial Surgery</b>	
D7210-D7240,	Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ All 3 <sup>rd</sup> 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
D7410- D7415, D7465	Pathology report
D7450-D7461	Current dated pre-operative radiographs ■ Pathology report
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

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Miscellaneous	
D9223, D9243 D9248  D9222, D9239 (effective 1/1/2018)	Current dated pre-operative radiographs ■ Narrative ▲ Anesthesia Records
D9952	Current dated pre-operative radiographs ■ Narrative ▲
By Report" procedures	
D2999 D3999 D4999 D5899 D5999 D6199 D6999 D7999 D8999 D9999	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 ■
General Comments	
■	<b>QUALITY OF RADIOGRAPHS:</b> 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. <b>DO NOT SEND ORIGINAL RADIOGRAPHS SINCE THEY WILL NOT BE RETURNED. ELECTRONIC IMAGES OF THE RADIOGRAPHS WILL BE RETAINED BY AETNA.</b>
•	<b>PERIODONTAL CHARTING:</b> Must be comprehensive full mouth, 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 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree.
▲	<b>WRITTEN NARRATIVES:</b> Must be clear, legible and provide rationale for the proposed treatment. <b>Example:</b> 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.