

## Claim Documentation Guidelines

Category/CDT* Code	Documentation Required for Claims Submission
<b>Restorative – Crowns [CR]</b>	
D2710-D2794, D2810, D2929-D2982, D6710-D6794, D6972-D6973	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth requested</li> <li>• Dates of prior placement of existing crowns and the rationale for replacement, if applicable</li> </ul>
<b>Restorative – Inlays/Onlays [IN]</b>	
Inlays: D2510-D2530, D2610-D2652, D2981, D6519-D6530, D6600-D6624 Onlays: D2542-D2544, D2642-D2664, D6543-D6544, D6608-D6634	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth requested</li> <li>• Date of prior prosthetic insertion (existing inlays/onlays) and rationale for replacement</li> </ul>
<b>Periodontics – Surgical [PS]</b>	
D4210-D4285, D4920 D7295, D7350, D7950 - D7955, D7970	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs (Perio/Oral Sx)</li> <li>• Current dated pre-operative periodontal charting</li> </ul>
<b>Periodontics – Non-Surgical [SC]</b>	
D4341, D4342	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs</li> <li>• Current dated periodontal charting</li> </ul>
<b>Prosthodontics – Removable (Full/Partial Dentures) [DN]</b>	
D5110-D5140, D5211-D5281	<ul style="list-style-type: none"> <li>• Current dated radiographs of the requested arch</li> <li>• Date of prior placement of prosthetic placement (full or partial dentures) and rationale for replacement</li> <li>• Extraction dates of teeth to be replaced</li> </ul>
<b>Prosthodontics – Fixed (Bridges) [BR]</b>	
D6068-D6074, D6194, D6210-D6253	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of the entire arch</li> <li>• Date of prior prosthetic placement (existing bridges or partial dentures) and rationale for replacement</li> <li>• Extraction dates of teeth to be replaced</li> </ul>

Dear Provider: In order to be reimbursed promptly, please submit the proper documentation with each claim for service. Along with correct patient information, date of service, appropriate CDT code, and tooth number, attachments should use the following criteria:

- **X-Rays:** All radiographic images should be of diagnostic quality, demonstrating appropriate structures, dated, mounted and labeled right and left.
- **Periodontal Charting:** 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>.
- **Written Narratives:** Must be clear, legible and provide rationale for the proposed treatment (specific clinical conditions addressed by the procedure).