

National Standardized Dental Claim Review Guidelines (for Commercial Only)

Guideline Number: DRG042.19
Effective Date: May 1, 2025

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Resource Tools
None

Instructions for Use

This Dental Claim Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans. This Dental Claim Review Guideline includes only the CDT codes that are within the scope of the standard Commercial Dental Plan, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee. Before using this guideline, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Claim Review Guideline is provided for informational purposes. It does not constitute medical advice.

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

Notes:

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

Documentation Requirements

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

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

Diagnostic

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Clinical Oral Evaluations			
D0120	Periodic oral evaluation – established patient	N/A	N/A
D0140	Limited oral evaluation – problem focused	N/A	N/A
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	N/A
D0150	Comprehensive oral evaluation – new or established patient	N/A	N/A
D0160	Detailed and extensive oral evaluation – problem focused, by report	N/A	N/A
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	N/A	N/A
D0180	Comprehensive periodontal evaluation – new or established patient	N/A	N/A
Diagnostic Imaging: Image Capture with Interpretation			
D0210	Intraoral – complete series of radiographic images	N/A	N/A
D0220	Intraoral – periapical first radiographic image	N/A	N/A
D0230	Intraoral – periapical each additional radiographic image	N/A	N/A
D0240	Intraoral – occlusal radiographic image	N/A	N/A
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source	N/A	N/A
D0251	Extra-oral posterior dental radiographic image	N/A	N/A
D0270	Bitewing – single radiographic image	N/A	N/A
D0272	Bitewings – two radiographic images	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Diagnostic Imaging: Image Capture with Interpretation			
D0273	Bitewings – three radiographic images	N/A	N/A
D0274	Bitewings – four radiographic images	N/A	N/A
D0277	Vertical bitewings – 7 to 8 radiographic images	N/A	N/A
D0320	Temporomandibular joint arthrogram, including injection	N/A	N/A
D0321	Other temporomandibular joint radiographic images, by report	N/A	N/A
D0322	Tomographic survey	N/A	N/A
D0330	Panoramic radiographic image	N/A	N/A
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	N/A	N/A
D0350	2D Oral/facial photographic images obtained intra-orally or extra-orally	N/A	N/A
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Narrative of necessity including planned procedure	Cone Beam Computed Tomography
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Narrative of necessity including planned procedure	Cone Beam Computed Tomography
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Narrative of necessity including planned procedure	Cone Beam Computed Tomography
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Narrative of necessity including planned procedure	Cone Beam Computed Tomography
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Narrative of necessity including planned procedure	Cone Beam Computed Tomography
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Diagnostic Imaging: Image Capture with Interpretation			
D0373	Intraoral tomosynthesis – bitewing radiographic image	N/A	N/A
D0374	Intraoral tomosynthesis – periapical radiographic image	N/A	N/A
Diagnostic Imaging: Image Capture Only			
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	N/A	N/A
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	N/A	N/A
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	N/A	N/A
D0701	Panoramic radiographic image – image capture only	N/A	N/A
D0702	2-D cephalometric radiographic image – image capture only	N/A	N/A
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	N/A	N/A
D0705	Extra-oral posterior dental radiographic image – image capture only	N/A	N/A
D0706	Intraoral – occlusal radiographic image – image capture only	N/A	N/A
D0707	Intraoral – periapical radiographic image – image capture only	N/A	N/A
D0708	Intraoral – bitewing radiographic image – image capture only	N/A	N/A
D0709	Intraoral – complete series of radiographic images – image capture only	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Tests and Examinations			
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	N/A	Bacterial, Viral, and Fungal Testing of Oral Infections
D0415	Collection of microorganisms for culture and sensitivity	N/A	Bacterial, Viral, and Fungal Testing of Oral Infections
D0416	Viral culture	N/A	Bacterial, Viral, and Fungal Testing of Oral Infections
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	Miscellaneous Diagnostic Procedures
D0460	Pulp vitality tests	N/A	Miscellaneous Diagnostic Procedures
D0470	Diagnostic casts	N/A	Miscellaneous Diagnostic Procedures
D0601	Caries risk assessment and documentation, with a finding of low risk	N/A	N/A
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/A	N/A
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	N/A

Preventive

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Dental Prophylaxis			
D1110	Prophylaxis- adult	N/A	N/A
D1120	Prophylaxis- child	N/A	N/A
Topical Fluoride Treatment (Office Procedure)			
D1206	Topical application of fluoride varnish	N/A	<ul style="list-style-type: none"> Topical Medicaments for Caries Prevention or Remineralization Application of Desensitizing Medicaments and Resins
D1208	Topical application of fluoride – excluding varnish	N/A	Topical Medicaments for Caries Prevention or Remineralization
Other Preventive Services			
D1351	Sealant – per tooth	N/A	Sealants and Preventive Resin Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Preventive Services			
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	N/A	Sealants and Preventive Resin Restorations
D1353	Sealant repair – per tooth	N/A	Sealants and Preventive Resin Restorations
D1355	Caries preventive medicament application – per tooth	N/A	Topical Medicaments for Caries Prevention or Remineralization
Space Maintenance (Passive Appliances)			
D1510	Space maintainer – fixed – unilateral – per quadrant	N/A	Space Maintenance
D1516	Space maintainer – fixed – bilateral, maxillary	N/A	Space Maintenance
D1517	Space maintainer – fixed – bilateral, mandibular	N/A	Space Maintenance
D1520	Space maintainer – removable – unilateral – per quadrant	N/A	Space Maintenance
D1526	Space maintainer – removable – bilateral, maxillary	N/A	Space Maintenance
D1527	Space maintainer – removable – bilateral, mandibular	N/A	Space Maintenance
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	N/A	Space Maintenance
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	N/A	Space Maintenance
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	N/A	Space Maintenance
D1556	Removal of fixed unilateral space maintainer – per quadrant	N/A	Space Maintenance
D1557	Removal of fixed bilateral space maintainer – maxillary	N/A	Space Maintenance
D1558	Removal of fixed bilateral space maintainer – mandibular	N/A	Space Maintenance

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Space Maintenance (Passive Appliances)			
D1575	Distal shoe space maintainer – fixed unilateral – per quadrant	N/A	Space Maintenance

Restorative

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Amalgam Restorations (Including Polishing)			
D2140	Amalgam – one surface, primary or permanent	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2150	Amalgam – two surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2160	Amalgam – three surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2161	Amalgam – four or more surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
Resin-Based Composite Restorations – Direct			
D2330	Resin-based composite – one surface, anterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2331	Resin-based composite – two surfaces, anterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2332	Resin-based composite – three surfaces, anterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2390	Resin-based composite crown, anterior	<ul style="list-style-type: none"> Current dated pre-operative radiographs of tooth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs 	Single Tooth Direct Restorations
D2391	Resin-based composite – one surface, posterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2392	Resin-based composite – two surfaces, posterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2393	Resin-based composite – three surfaces, posterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
D2394	Resin-based composite – four or more surfaces, posterior	If tooth has existing crown: narrative of necessity for filling	Single Tooth Direct Restorations
Gold Foil Restorations			
D2410	Gold foil – one surface	N/A	Single Tooth Direct Restorations
D2420	Gold foil – two surfaces	N/A	Single Tooth Direct Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Gold Foil Restorations			
D2430	Gold foil – three surfaces	N/A	Single Tooth Direct Restorations
Inlay/Onlay Restorations			
D2510	Inlay – metallic – one surface	N/A	Single Tooth Indirect Restorations
D2520	Inlay – metallic – two surfaces	N/A	Single Tooth Indirect Restorations
D2530	Inlay – metallic – three or more surfaces	N/A	Single Tooth Indirect Restorations
D2542	Onlay – metallic – two surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2543	Onlay – metallic – three surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2544	Onlay – metallic – four or more surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2610	Inlay – porcelain/ceramic – one surface	N/A	Single Tooth Indirect Restorations
D2620	Inlay – porcelain/ceramic – two surfaces	N/A	Single Tooth Indirect Restorations
D2630	Inlay – porcelain/ceramic – three or more surfaces	N/A	Single Tooth Indirect Restorations
D2642	Onlay – porcelain/ceramic – two surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Inlay/Onlay Restorations			
D2643	Onlay – porcelain/ceramic – three surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2644	Onlay – porcelain/ceramic – four or more surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique			
D2650	Inlay – resin-based composite – one surface	N/A	Single Tooth Indirect Restorations
D2651	Inlay – resin-based composite – two surfaces	N/A	Single Tooth Indirect Restorations
D2652	Inlay – resin-based composite – three or more surfaces	N/A	Single Tooth Indirect Restorations
D2662	Onlay – resin-based composite – two surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2663	Onlay – resin-based composite – three surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations
D2664	Onlay – resin-based composite – four or more surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of tooth • 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 	Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Crowns – Single Restorations Only			
D2710	Crown – resin-based composite (indirect)	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2712	Crown – 3/4 resin-based composite (indirect)	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2720	Crown – resin with high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2721	Crown – resin with predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2722	Crown – resin with noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Crowns – Single Restorations Only			
D2740	Crown – porcelain/ceramic	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2750	Crown – porcelain fused to high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2751	Crown – porcelain fused to predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2752	Crown – porcelain fused to noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2753	Crown – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Crowns – Single Restorations Only			
D2780	Crown – 3/4 cast high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2781	Crown – 3/4 cast predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2782	Crown – 3/4 cast noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2783	Crown – 3/4 porcelain/ceramic	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2790	Crown – full cast high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Crowns – Single Restorations Only			
D2791	Crown – full cast predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2792	Crown – full cast noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2794	Crown – titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
D2799	Interim crown-further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Rationale for replacement of existing crowns, 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 	Single Tooth Indirect Restorations
Other Restorative Services			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	N/A	Other Restorative Procedures
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	Other Restorative Procedures
D2920	Re-cement or re-bond crown	N/A	Other Restorative Procedures

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Restorative Services			
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/A	Other Restorative Procedures
D2930	Prefabricated stainless steel crown – primary tooth	N/A	Prefabricated Crowns
D2931	Prefabricated stainless steel crown – permanent tooth	N/A	Prefabricated Crowns
D2932	Prefabricated resin crown	N/A	Prefabricated Crowns
D2933	Prefabricated stainless steel crown with resin window	N/A	Prefabricated Crowns
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	N/A	Prefabricated Crowns
D2940	placement of interim direct restoration	N/A	Single Tooth Direct Restorations
D2949	Restorative foundation for an indirect restoration	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core, and Pin Retention
D2950	Core buildup, including any pins when required	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core, and Pin Retention
D2951	Pin retention – per tooth, in addition to restoration	N/A	Core Buildup, Post and Core, and Pin Retention
D2952	Post and core in addition to crown, indirectly fabricated	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative indicating completed root canal therapy • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core, and Pin Retention
D2953	Each additional indirectly fabricated post – same tooth	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Narrative indicating completed root canal therapy • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core, and Pin Retention

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Restorative Services			
D2954	Prefabricated post and core in addition to crown	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Narrative indicating completed root canal therapy • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core, and Pin Retention
D2957	Each additional prefabricated post – same tooth	N/A	Core Buildup, Post and Core, and Pin Retention
D2960	Labial veneer (resin laminate) – direct	<ul style="list-style-type: none"> • Current dated pre-operative radiograph of tooth • Rationale for replacement of existing veneer, if applicable • Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph 	Labial Veneers
D2961	Labial veneer (resin laminate) – indirect	<ul style="list-style-type: none"> • Current dated pre-operative radiograph of tooth • Rationale for replacement of existing veneer, if applicable • Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph 	Labial Veneers
D2962	Labial veneer (porcelain laminate) – indirect	<ul style="list-style-type: none"> • Current dated pre-operative radiograph of tooth • Rationale for replacement of existing veneer, if applicable • Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph 	Labial Veneers
D2975	Coping	N/A	Other Restorative Procedures
D2980	crown repair necessitated by restorative material failure	N/A	Other Restorative Procedures
D2981	inlay repair necessitated by restorative material failure	N/A	Other Restorative Procedures
D2982	Onlay repair necessitated by restorative material failure	N/A	Other Restorative Procedures
D2989	Excavation of a tooth resulting in the determination of non-restorability	N/A	N/A

Endodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Pulp Capping			
D3110	Pulp cap – direct (excluding final restoration)	N/A	Non-Surgical Endodontics
D3120	Pulp cap – indirect (excluding final restoration)	N/A	Non-Surgical Endodontics
Pulpotomy			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	N/A	Non-Surgical Endodontics
D3221	Pulpal debridement, primary and permanent teeth	N/A	Non-Surgical Endodontics
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	N/A	Non-Surgical Endodontics
Endodontic Therapy on Primary Teeth			
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N/A	Non-Surgical Endodontics
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N/A	Non-Surgical Endodontics
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	N/A	Non-Surgical Endodontics
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	N/A	Non-Surgical Endodontics
D3330	Endodontic therapy, molar (excluding final restoration)	N/A	Non-Surgical Endodontics
D3331	Treatment of root canal obstruction; non-surgical access	N/A	Non-Surgical Endodontics
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	N/A	Non-Surgical Endodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)			
D3333	Internal root repair of perforation defects	N/A	Non-Surgical Endodontics
Endodontic Retreatment			
D3346	Retreatment of previous root canal therapy – anterior	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity 	Non-Surgical Endodontics
D3347	Retreatment of previous root canal therapy – premolar	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity 	Non-Surgical Endodontics
D3348	Retreatment of previous root canal therapy – molar	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity 	Non-Surgical Endodontics
Apexification/Recalcification			
D3351	Apexification/recalcification/pupal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	N/A	Non-Surgical Endodontics
D3352	Apexification/recalcification/pupal regeneration - interim medication visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	N/A	Non-Surgical Endodontics
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	N/A	Non-Surgical Endodontics
Pulpal Regeneration			
D3355	Pulpal regeneration – initial visit	N/A	Non-Surgical Endodontics
D3356	Pulpal regeneration - interim medicament replacement	N/A	Non-Surgical Endodontics
D3357	Pulpal regeneration – completion of treatment	N/A	Non-Surgical Endodontics
Apicoectomy/Periradicular Services			
D3410	Apicoectomy – anterior	N/A	Surgical Endodontics
D3421	Apicoectomy – premolar (first root)	N/A	Surgical Endodontics
D3425	Apicoectomy – molar (first root)	N/A	Surgical Endodontics
D3426	Apicoectomy (each additional root)	N/A	Surgical Endodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Apicoectomy/Periradicular Services			
D3430	Retrograde filling – per root	N/A	Surgical Endodontics
D3450	Root amputation – per root	<ul style="list-style-type: none"> • Current dated pre-operative radiograph of tooth • Narrative of necessity 	Surgical Endodontics
D3470	Intentional reimplantation (including necessary splinting)	N/A	Surgical Endodontics
D3471	Surgical repair of root resorption – anterior	N/A	Surgical Endodontics
D3472	Surgical repair of root resorption – premolar	N/A	Surgical Endodontics
D3473	Surgical repair of root resorption – molar	N/A	Surgical Endodontics
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption– anterior	N/A	Surgical Endodontics
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	N/A	Surgical Endodontics
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	N/A	Surgical Endodontics
Other Endodontic Procedures			
D3911	Intraorifice barrier	N/A	Non-Surgical Endodontics
D3920	Hemisection (including any root removal), not including root canal therapy	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth • Narrative of necessity 	Surgical Endodontics

Periodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Surgical Services (Including Usual Postoperative Care)			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	Surgical Periodontics: Resective Procedures
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	N/A	Surgical Periodontics: Resective Procedures

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Surgical Services (Including Usual Postoperative Care)			
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	N/A	Surgical Periodontics: Resective Procedures
D4231	Anatomical crown exposure – one to three teeth per quadrant	N/A	Surgical Periodontics: Resective Procedures
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	Surgical Periodontics: Resective Procedures
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	N/A	Surgical Periodontics: Resective Procedures
D4245	Apically positioned flap	N/A	Surgical Periodontics: Resective Procedures
D4249	Clinical crown lengthening – hard tissue	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Bone Replacement Grafts
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Bone Replacement Grafts
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	N/A	Biologic Materials for Soft and Hard Tissue Regeneration

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Surgical Services (Including Usual Postoperative Care)			
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D4268	Surgical revision procedure, per tooth	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4270	Pedicle soft tissue graft procedure	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4276	Combined connective tissue and pedicle graft, per tooth	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Surgical Services (Including Usual Postoperative Care)			
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4286	Removal of non-resorbable barrier	N/A	Dental Barrier Membrane Guided Tissue Regeneration
Non-Surgical Periodontal Service			
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	N/A	N/A
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	N/A	N/A
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Current dated full series or panoramic radiographs Complete 6-point periodontal charting	Non-Surgical Periodontal Therapy
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Current dated full series or panoramic radiographs Complete 6-point periodontal charting	Non-Surgical Periodontal Therapy

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Non-Surgical Periodontal Service			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	N/A	Non-Surgical Periodontal Therapy
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis	N/A	Full Mouth Debridement
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Dates of previous scaling and root planing 	Non-Surgical Periodontal Therapy
Other Periodontal Services			
D4910	Periodontal maintenance	Narrative specifying dates of previous scaling and root planing or osseous surgery	Non-Surgical Periodontal Therapy
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	N/A

Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Complete Dentures (Including Routine Post-Delivery Care)			
D5110	Complete denture – maxillary	N/A	Removable Prosthodontics
D5120	Complete denture – mandibular	N/A	Removable Prosthodontics
D5130	Immediate denture – maxillary	N/A	Removable Prosthodontics
D5140	Immediate denture – mandibular	N/A	Removable Prosthodontics
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	N/A	Removable Prosthodontics
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	N/A	Removable Prosthodontics
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Partial Dentures (Including Routine Post-Delivery Care)			
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	Removable Prosthodontics
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	N/A	Removable Prosthodontics
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	N/A	Removable Prosthodontics
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	Removable Prosthodontics
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	Removable Prosthodontics
D5225	Maxillary partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	Removable Prosthodontics
D5226	Mandibular partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	Removable Prosthodontics
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	N/A	Removable Prosthodontics
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	N/A	Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Partial Dentures (Including Routine Post-Delivery Care)			
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth)	N/A	Removable Prosthodontics
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth)	N/A	Removable Prosthodontics
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	Removable Prosthodontics
D5286	Removable unilateral partial denture – one piece resin (including retentive/ clasping materials, rests, and teeth) – per quadrant	N/A	Removable Prosthodontics
Adjustments to Dentures			
D5410	Adjust complete denture – maxillary	N/A	Removable Prosthodontics
D5411	Adjust complete denture – mandibular	N/A	Removable Prosthodontics
D5421	Adjust partial denture – maxillary	N/A	Removable Prosthodontics
D5422	Adjust partial denture – mandibular	N/A	Removable Prosthodontics
Repairs to Complete Dentures			
D5511	Repair broken complete denture base, mandibular	N/A	Removable Prosthodontics
D5512	Repair broken complete denture base, maxillary	N/A	Removable Prosthodontics
D5520	Replace missing or broken teeth – complete denture – per tooth	N/A	Removable Prosthodontics
Repairs to Partial Dentures			
D5611	Repair resin partial denture base, mandibular	N/A	Removable Prosthodontics
D5612	Repair resin partial denture base, maxillary	N/A	Removable Prosthodontics
D5621	Repair cast partial framework, mandibular	N/A	Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Repairs to Partial Dentures			
D5622	Repair cast partial framework, maxillary	N/A	Removable Prosthodontics
D5630	Repair or replace broken clasp	N/A	Removable Prosthodontics
D5640	Replace missing or broken teeth – partial denture – per tooth	N/A	Removable Prosthodontics
D5650	Add tooth to existing partial denture – per tooth	N/A	Removable Prosthodontics
D5660	Add clasp to existing partial denture	N/A	Removable Prosthodontics
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	N/A	Removable Prosthodontics
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	N/A	Removable Prosthodontics
Denture Rebase Procedures			
D5710	Rebase complete maxillary denture	N/A	Removable Prosthodontics
D5711	Rebase complete mandibular denture	N/A	Removable Prosthodontics
D5720	Rebase maxillary partial denture	N/A	Removable Prosthodontics
D5721	Rebase mandibular partial denture	N/A	Removable Prosthodontics
D5725	Rebase hybrid prosthesis	N/A	Removable Prosthodontics
Denture Reline Procedures			
D5730	Reline complete maxillary denture (direct)	N/A	Removable Prosthodontics
D5731	Reline complete mandibular denture (direct)	N/A	Removable Prosthodontics
D5740	Reline maxillary partial denture (direct)	N/A	Removable Prosthodontics
D5741	Reline mandibular partial denture (direct)	N/A	Removable Prosthodontics
D5750	Reline complete maxillary denture (indirect)	N/A	Removable Prosthodontics
D5751	Reline complete mandibular denture (indirect)	N/A	Removable Prosthodontics
D5760	Reline maxillary partial denture (indirect)	N/A	Removable Prosthodontics
D5761	Reline mandibular partial denture (indirect)	N/A	Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Denture Reline Procedures			
D5765	Soft liner for complete or partial removable denture – indirect	N/A	Removable Prosthodontics
Interim Prosthesis			
D5810	Interim complete denture (maxillary)	N/A	Removable Prosthodontics
D5811	Interim complete denture (mandibular)	N/A	Removable Prosthodontics
D5820	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary; Includes any necessary clasps and rests.	N/A	Removable Prosthodontics
D5821	Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular	N/A	Removable Prosthodontics
Other Removable Prosthetic Services			
D5850	Tissue conditioning, maxillary	N/A	Removable Prosthodontics
D5851	Tissue conditioning, mandibular	N/A	Removable Prosthodontics
D5863	Overdenture – complete maxillary	N/A	Removable Prosthodontics
D5864	Overdenture – partial maxillary	N/A	Removable Prosthodontics
D5865	Overdenture – complete mandibular	N/A	Removable Prosthodontics
D5866	Overdenture – partial mandibular	N/A	Removable Prosthodontics
D5876	Add metal substructure to acrylic full denture (per arch)	N/A	Removable Prosthodontics

Implants

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

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Surgical Services			
D6013	Surgical placement of mini implant	Current dated pre-operative full series or panoramic radiographs	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6040	Surgical placement: epostal implant	Current dated pre-operative full series or panoramic radiographs	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6050	Surgical placement: transosteal implant	Current dated pre-operative full series or panoramic radiographs	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6100	Implant removal, by report	N/A	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6101	Debridement of a peri implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	N/A	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6102	Debridement of osseous contouring of a peri implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	<ul style="list-style-type: none"> • Current dated radiographs of area • Complete 6-point periodontal charting • Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	N/A	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6104	Bone graft at time of implant placement	<ul style="list-style-type: none"> • Current dated radiographs of area • Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6105	Removal of implant body not requiring bone removal nor flap elevation	N/A	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6106	Guided tissue regeneration – resorbable barrier, per implant	<ul style="list-style-type: none"> • Current dated radiographs of area • Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	<ul style="list-style-type: none"> • Current dated radiographs of area • Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Implant Supported Prosthetics: Supporting Structures			
D6051	Placement of interim implant abutment	<ul style="list-style-type: none"> • Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) • Narrative of medical necessity 	Dental Implant Supported Prostheses
D6055	Connecting bar – implant supported or abutment supported	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Implant Supported Prosthetics: Supporting Structures			
D6056	Prefabricated abutment – includes modification and placement	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6057	Custom abutment – includes placement	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6191	Semi-precision abutment – placement	<ul style="list-style-type: none"> Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of Necessity 	Dental Implant Supported Prostheses
D6192	Semi-precision attachment – placement	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
Implant/Abutment Supported Removable Dentures			
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6111	Implant /abutment supported removable denture for edentulous arch-mandibular	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6113	Implant /abutment supported removable denture for partially	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)			
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)			
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	<ul style="list-style-type: none"> Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	Dental Implant Supported Prosthesis
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	<ul style="list-style-type: none"> Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	Dental Implant Supported Prosthesis
Implant Supported Prosthetics: Single Crowns, Abutment Supported			
D6058	Abutment supported porcelain/ceramic crown	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6062	Abutment supported cast metal crown (high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6063	Abutment supported cast metal crown (predominantly base metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6064	Abutment supported cast metal crown (noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6094	Abutment supported crown – titanium and titanium alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis
Implant Supported Prosthetics: Single Crowns, Implant Supported			
D6065	Implant supported porcelain/ceramic crown	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prosthesis

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Implant Supported Prosthetics: Single Crowns, Implant Supported			
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6082	Implant supported crown – porcelain fused to predominantly	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6083	Implant supported crown – porcelain fused to noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6084	Implant supported crown – porcelain fused to noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6086	Implant supported crown – predominantly base alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6087	Implant supported crown – noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6088	Implant supported crown – titanium and titanium alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported			
D6068	Abutment supported retainer for porcelain/ceramic FPD	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported			
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6194	Abutment supported retainer crown for FPD – (titanium)	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6195	Abutment supported retainer – porcelain fused to titanium	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6075	Implant supported retainer for ceramic FPD	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6077	Implant supported retainer for metal FPD – high noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6121	Implant supported retainer for metal FPD – predominantly base alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
D6122	Implant supported retainer for metal FPD – noble alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported			
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)	Dental Implant Supported Prostheses
Other Implant Services			
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	Narrative of the nature of the maintenance procedure required	Dental Implant Supported Prostheses
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	<ul style="list-style-type: none"> • Current dated radiographs of area • Complete 6-point periodontal charting • Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
D6085	Interim implant crown	<ul style="list-style-type: none"> • Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) • Narrative of medical necessity 	Dental Implant Supported Prostheses
D6089	Accessing and retorquing loose implant screw – per screw	N/A	Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
D6090	Repair of implant/abutment supported prosthesis	N/A	Dental Implant Supported Prostheses
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Narrative of necessity	Dental Implant Supported Prostheses
D6092	Re-cement or re-bond implant/abutment supported crown	Narrative of necessity	Dental Implant Supported Prostheses
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Narrative of necessity	Dental Implant Supported Prostheses
D6096	Remove broken implant retaining screw	Narrative of necessity	Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Implant Services			
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	N/A	Dental Implant Supported Prostheses
D6193	Replacement of an implant screw	N/A	N/A
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	N/A	Dental Implant Supported Prostheses
D6199	Unspecified implant procedure, by report	<ul style="list-style-type: none"> • Current dated radiographs of area • Narrative of necessity including nature of the procedure 	<ul style="list-style-type: none"> • Dental Implant Supported Prostheses • Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Pontics			
D6205	Pontic – indirect resin based composite	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6210	Pontic – cast high noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6211	Pontic – cast predominantly base metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6212	Pontic – cast noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6214	Pontic – titanium	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6240	Pontic – porcelain fused to high noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Pontics			
D6241	Pontic – porcelain fused to predominantly base metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6242	Pontic – porcelain fused to noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6243	Pontic – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6245	Pontic – porcelain/ceramic	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6250	Pontic – resin with high noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6251	Pontic – resin with predominantly base metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6252	Pontic – resin with noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6253	Interim pontic – further treatment of completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth Narrative of necessity that states what further treatment or diagnosis is medically necessary 	Fixed Prosthodontics
Fixed Partial Denture Retainers – Inlays/Onlays			
D6545	Retainer – cast metal for resin bonded fixed prosthesis	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Retainers – Inlays/Onlays			
D6549	Resin retainer – for resin bonded fixed prosthesis	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6600	Retainer Inlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6602	Retainer Inlay – cast high noble metal, two surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6603	Retainer Inlay – cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6604	Retainer Inlay – cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6606	Retainer Inlay – cast noble metal, two surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6607	Retainer Inlay – cast noble metal, three or more surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6624	Retainer inlay – titanium	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs 	Fixed Prosthodontics
D6608	Retainer Onlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Retainers – Inlays/Onlays			
D6609	Retainer Onlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6610	Retainer onlay – cast high noble metal, two surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6611	Retainer onlay – cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6612	Retainer onlay – cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6614	Retainer onlay – cast noble metal, two surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6615	Retainer onlay – cast noble metal, three or more surfaces	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6634	Retainer Onlay – titanium	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
Fixed Partial Denture Retainers – Crowns			
D6710	Retainer crown – indirect resin based composite	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6720	Retainer crown – resin with high noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6721	Retainer crown – resin with predominantly base metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Retainers – Crowns			
D6722	Retainer crown – resin with noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6740	Retainer crown – porcelain/ceramic	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6750	Retainer crown – porcelain fused to high noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6751	Retainer crown – porcelain fused to predominantly base metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6752	Retainer crown – porcelain fused to noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6780	Retainer crown – 3/4 cast high noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6781	Retainer crown – 3/4 cast predominantly base metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6782	Retainer crown – 3/4 cast noble metal	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6783	Retainer crown – 3/4 porcelain/ceramic	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6784	Retainer crown 3/4 – titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated full arch pre-operative radiographs • Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Fixed Partial Denture Retainers – Crowns			
D6790	Retainer crown – full cast high noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6791	Retainer crown – full cast predominantly base metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6792	Retainer crown – full cast noble metal	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6794	Retainer crown – titanium and titanium alloys	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph 	Fixed Prosthodontics
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> Current dated full arch pre-operative radiographs Dental charting indicating missing teeth if not visible on radiograph Narrative that states what further treatment or diagnosis is medically necessary 	Fixed Prosthodontics
Other Fixed Partial Denture Services			
D6930	Re-cement or re-bond fixed partial denture	N/A	Fixed Prosthodontics
D6980	Fixed partial denture repair necessitated by restorative material failure	Narrative of necessity	Fixed Prosthodontics

Oral and Maxillofacial Surgery

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)			
D7111	Extraction, coronal remnants – deciduous tooth	N/A	Non-Surgical Extractions
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	Non-Surgical Extractions
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	N/A	Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)			
D7220	Removal of impacted tooth – soft tissue	<ul style="list-style-type: none"> Current dated pre-operative panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7230	Removal of impacted tooth – partially bony	<ul style="list-style-type: none"> Current dated pre-operative panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7240	Removal of impacted tooth – completely bony	<ul style="list-style-type: none"> Current dated pre-operative panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	<ul style="list-style-type: none"> Current dated pre-operative panoramic radiograph Narrative of necessity Description of complications 	Surgical Extraction of Impacted Teeth
D7250	Surgical removal of residual tooth roots (cutting procedure)	N/A	Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	N/A	Surgical Extraction of Impacted Teeth
Other Surgical Procedures			
D7260	Oroantral fistula closure	N/A	Oral Surgery: Miscellaneous Surgical Procedures
D7261	Primary closure of a sinus perforation	<ul style="list-style-type: none"> Current dated radiograph of area Narrative of necessity 	Oral Surgery: Miscellaneous Surgical Procedures
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	N/A	Oral Surgery: Miscellaneous Surgical Procedures
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	N/A	Oral Surgery: Miscellaneous Surgical Procedures
D7280	Surgical access of an unerupted tooth	N/A	Oral Surgery: Miscellaneous Surgical Procedures
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	N/A	Oral Surgery: Miscellaneous Surgical Procedures
D7284	Excisional biopsy of minor salivary glands	N/A	N/A
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	N/A	N/A
D7286	Incisional biopsy of oral tissue – soft	N/A	N/A
D7287	Exfoliative cytological sample collection	N/A	N/A
D7288	Brush biopsy – transepithelial sample collection	N/A	Miscellaneous Diagnostic Procedures

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Surgical Procedures			
D7291	Transseptal fiberotomy/ supra crestal fiberotomy, by report	N/A	Oral Surgery: Non-Pathologic Excisional Procedures
Alveoloplasty- Preparation of Ridge			
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
Vestibuloplasty			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	N/A	Oral Surgery: Alveoloplasty and Vestibuloplasty
Excision of Soft Tissue Lesions			
D7410	Excision of benign lesion up to 1.25 cm	N/A	N/A
D7411	Excision of benign lesion greater than 1.25 cm	N/A	N/A
D7412	Excision of benign lesion, complicated	N/A	N/A
Excision of Intra-Osseous Lesions			
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Excision of Intra-Osseous Lesions			
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A
Excision of Bone Tissue			
D7472	Removal of torus palatinus	N/A	Oral Surgery: Non-Pathologic Excisional Procedures
D7473	Removal of torus mandibularis	N/A	Oral Surgery: Non-Pathologic Excisional Procedures
Surgical Incision			
D7509	Marsupialization of odontogenic cyst	N/A	N/A
D7510	Incision and drainage of abscess – intraoral soft tissue	N/A	N/A
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A
D7520	Incision and drainage of abscess – extraoral soft tissue	N/A	N/A
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	N/A	N/A
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	N/A	N/A
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	N/A	N/A
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (only for plans that include TMJ coverage)			
D7810	Open reduction of dislocation	N/A	N/A
D7820	Closed reduction of dislocation	N/A	N/A
D7830	Manipulation under anesthesia	N/A	N/A
D7840	Condylectomy	N/A	N/A
D7850	Surgical discectomy, with/without implant	N/A	N/A
D7852	Disc repair	N/A	N/A
D7854	Synovectomy	N/A	N/A
D7856	Myotomy	N/A	N/A
D7858	Joint reconstruction	N/A	N/A
D7860	Arthrotomy	N/A	N/A
D7865	Arthroplasty	N/A	N/A
D7870	Arthrocentesis	N/A	N/A
D7871	Non-arthroscopic lysis and lavage	N/A	N/A
D7872	Arthroscopy – diagnosis, with or without biopsy	N/A	N/A
D7873	Arthroscopy: lavage and lysis of adhesions	N/A	N/A
D7874	Arthroscopy: disc repositioning and stabilization	N/A	N/A
D7875	Arthroscopy: synovectomy	N/A	N/A
D7876	Arthroscopy: discectomy	N/A	N/A
D7877	Arthroscopy: debridement	N/A	N/A
D7880	Occlusal orthotic device, by report	N/A	N/A
D7881	Occlusal orthotic device adjustment	N/A	N/A
D7899	unspecified TMD therapy, by report	N/A	N/A
Other Repair Procedures			
D7953	Bone replacement graft for ridge preservation – per site	<ul style="list-style-type: none"> Current dated radiograph of area Narrative of necessity or chart notes indicating the type of prosthesis placed or treatment planned, and anticipated date of placement 	Oral Surgery: Miscellaneous Surgical Procedures

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Other Repair Procedures			
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	<ul style="list-style-type: none"> Current dated radiograph of area Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	<ul style="list-style-type: none"> Current dated radiograph of area Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D7961	Buccal/labial frenectomy (frenulectomy)	Narrative of necessity	Oral Surgery: Non-Pathologic Excisional Procedures
D7962	Lingual frenectomy (frenulectomy)	Narrative of necessity	Oral Surgery: Non-Pathologic Excisional Procedures
D7963	Frenuloplasty	Narrative of necessity	Oral Surgery: Non-Pathologic Excisional Procedures
D7970	Excision of hyperplastic tissue – per arch	N/A	Oral Surgery: Non-Pathologic Excisional Procedures
D7971	Excision of pericoronal gingiva	N/A	Oral Surgery: Non-Pathologic Excisional Procedures
D7972	Surgical reduction of fibrous tuberosity	<ul style="list-style-type: none"> Current dated radiographs and/or photographs of area Narrative of necessity 	Oral Surgery: Non-Pathologic Excisional Procedures
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	N/A	Oral Surgery: Orthodontic Related Procedures

Orthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Limited Orthodontic Treatment			
D8010	Limited orthodontic treatment of the primary dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
D8020	Limited orthodontic treatment of the transitional dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
D8030	Limited orthodontic treatment of the adolescent dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
D8040	Limited orthodontic treatment of the adult dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
Comprehensive Orthodontic Treatment			
D8070	Comprehensive orthodontic treatment of the transitional dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
D8080	Comprehensive orthodontic treatment of the adolescent dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Comprehensive Orthodontic Treatment			
D8090	Comprehensive orthodontic treatment of the adult dentition	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
D8091	Comprehensive orthodontic treatment with orthognathic surgery	EHB exception requests only: please follow state-specific documentation requirements	Medically Necessary Orthodontic Treatment
Minor Treatment to Control Harmful Habits			
D8210	Removable appliance therapy	N/A	Medically Necessary Orthodontic Treatment
D8220	Fixed appliance therapy	N/A	Medically Necessary Orthodontic Treatment
Other Orthodontic Services			
D8660	Pre-orthodontic treatment visit	N/A	Medically Necessary Orthodontic Treatment
D8670	Periodic orthodontic treatment visit (as part of contract)	N/A	Medically Necessary Orthodontic Treatment
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	N/A	Medically Necessary Orthodontic Treatment
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	N/A	Medically Necessary Orthodontic Treatment
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	N/A	Medically Necessary Orthodontic Treatment
D8696	Repair of orthodontic appliance – maxillary	N/A	Medically Necessary Orthodontic Treatment
D8697	Repair of orthodontic appliance – mandibular	N/A	Medically Necessary Orthodontic Treatment
D8698	Re-cement or re-bond fixed retainer – maxillary	N/A	Medically Necessary Orthodontic Treatment
D8699	Re-cement or re-bond fixed retainer – mandibular	N/A	Medically Necessary Orthodontic Treatment
D8701	Repair of fixed retainer, includes reattachment – maxillary	N/A	Medically Necessary Orthodontic Treatment
D8702	Repair of fixed retainer, includes reattachment – mandibular	N/A	Medically Necessary Orthodontic Treatment

Adjunctive General Services

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Unclassified Treatment			
D9110	Palliative (emergency) treatment of dental pain – minor procedure	N/A	N/A
D9120	Fixed partial denture sectioning	N/A	N/A
Anesthesia			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	N/A	General Anesthesia and Conscious Sedation Services
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	N/A	General Anesthesia and Conscious Sedation Services
D9222	Deep sedation/general anesthesia – first 15 minutes	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9223	Deep sedation/general anesthesia – each 15 minute increment	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	Narrative of necessity	General Anesthesia and Conscious Sedation Services
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9248	Non-intravenous conscious sedation	Narrative of necessity	General Anesthesia and Conscious Sedation Services
Professional Consultation			
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	N/A	N/A
Drugs			
D9610	Therapeutic parenteral drug, single administration	<ul style="list-style-type: none"> Narrative of necessity Name of medication used and route of administration 	In-Office Drug Administration and Dispensing of Medications
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	<ul style="list-style-type: none"> Narrative of necessity Name of medication used and route of administration 	In-Office Drug Administration and Dispensing of Medications

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
Drugs			
D9630	Drugs or medicaments dispensed in the office for home use	N/A	In-Office Drug Administration and Dispensing of Medications
Miscellaneous Services			
D9910	Application of desensitizing medicament	N/A	Application of Desensitizing Medicaments and Resins
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/A	Application of Desensitizing Medicaments and Resins
D9942	Repair and/or reline of occlusal guard	N/A	Occlusal Guards
D9943	Occlusal guard adjustment	N/A	Occlusal Guards
D9944	Occlusal guard – hard appliance, full arch	<ul style="list-style-type: none"> • Current dated full mouth radiographs • Narrative of necessity 	Occlusal Guards
D9945	Occlusal guard – soft appliance, full arch	<ul style="list-style-type: none"> • Current dated full mouth radiographs • Narrative of necessity 	Occlusal Guards
D9946	Occlusal guard – hard appliance, partial arch	<ul style="list-style-type: none"> • Current dated full mouth radiographs • Narrative of necessity 	Occlusal Guards
D9950	Occlusion analysis – mounted case	N/A	N/A
D9951	Occlusal adjustment – limited	N/A	N/A
D9952	Occlusal adjustment – complete	N/A	N/A
Non-Clinical Procedures			
D9995	Teledentistry – synchronous; real-time encounter	N/A	N/A
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	N/A	N/A

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Guideline History/Revision Information

Date	Summary of Changes
05/01/2025	<p>Instructions for Use</p> <ul style="list-style-type: none"> • Replaced language stating “this <i>Utilization</i> Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans <i>and includes only the CDT codes for which clinical documentation is required</i>, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee” with “this <i>Dental Claim</i> Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans;[it] includes only the CDT codes that are within the scope of the standard

Date	Summary of Changes
	<p>Commercial Dental Plan, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee”</p> <p>Documentation Requirements</p> <ul style="list-style-type: none"> • Revised list of applicable CDT codes: <ul style="list-style-type: none"> Diagnostic Clinical Oral Evaluations <ul style="list-style-type: none"> ○ Added D0120, D0140, D0145, D0150, D0160, D0170, and D0180 Diagnostic Imaging: Image Capture with Interpretation <ul style="list-style-type: none"> ○ Added D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0273, D0274, D0277, D0320, D0321, D0322, D0330, D0340, D0350, D0372, D0373, and D0374 Diagnostic Imaging: Image Capture Only <ul style="list-style-type: none"> ○ Added D0387, D0388, D0389, D0701, D0702, D0703, D0705, D0706, D0707, D0708, and D0709 ○ Removed D0384 Diagnostic Imaging: Post Processing of Image or Image Sets <ul style="list-style-type: none"> ○ Removed D0393, D0394, and D0395 Tests and Examinations <ul style="list-style-type: none"> ○ Added D0414, D0415, D0416, D0431, D0460, D0470, D0601, D0602, and D0603 Preventive Dental Prophylaxis <ul style="list-style-type: none"> ○ Added D1110 and D1120 Topical Fluoride Treatment (Office Procedure) <ul style="list-style-type: none"> ○ Added D1206 and D1208 Other Preventive Services <ul style="list-style-type: none"> ○ Added D1351, D1352, D1353, and D1355 Space Maintenance (Passive Appliances) <ul style="list-style-type: none"> ○ Added D1510, D1516, D1517, D1520, D1526, D1527, D1551, D1552, D1553, D1556, D1557, D1558, and D1575 Restorative Resin-Based Composite Restorations – Direct <ul style="list-style-type: none"> ○ Added D2393 and D2394 ○ Revised documentation requirements for D2390 Gold Foil Restorations <ul style="list-style-type: none"> ○ Added D2410, D2420, and D2430 Inlay/Onlay Restorations <ul style="list-style-type: none"> ○ Added D2510, D2520, D2530, D2610, D2620, and D2630 ○ Revised documentation requirements for D2542, D2543, D2544, D2642, D2643, and D2644 Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique <ul style="list-style-type: none"> ○ Added D2650, D2651, and D2652 ○ Revised documentation requirements for D2662, D2663, and D2664 Crowns – Single Restorations Only <ul style="list-style-type: none"> ○ Revised documentation requirements for D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, and D2799 Other Restorative Services <ul style="list-style-type: none"> ○ Added D2910, D2915, D2920, D2921, D2930, D2931, D2932, D2933, D2934, D2940, D2951, D2957, D2961, D2975, D2980, D2981, D2982, and D2989 ○ Revised documentation requirements for D2949, D2950, D2952, D2960, D2961, and D2962 Endodontics Pulp Capping

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Added D3110 and D3120 <p>Pulpotomy</p> <ul style="list-style-type: none"> ○ Added D3220, D3221, and D3222 <p>Endodontic Therapy on Primary Teeth</p> <ul style="list-style-type: none"> ○ Added D3230 and D3240 <p>Endodontic Therapy (Including Treatment Plan, Clinical Procedures, and Follow-Up Care)</p> <ul style="list-style-type: none"> ○ Added D3310, D3320, D3330, D3331, D3332, and D3333 <p>Apexification/Recalcification</p> <ul style="list-style-type: none"> ○ Added D3351, D3352, and D3353 <p>Pulpal Regeneration</p> <ul style="list-style-type: none"> ○ Added D3355, D3356, and D3357 <p>Apicoectomy/Periradicular Services</p> <ul style="list-style-type: none"> ○ Added D3430, D3470, D3501, D3502, and D3503 ○ Removed documentation requirements for D3410, D3421, D3425, D3426, D3471, D3472, and D3473 <p>Other Endodontic Procedures</p> <ul style="list-style-type: none"> ○ Added D3911 <p>Periodontics</p> <p>Surgical Services (Including Usual Postoperative Care)</p> <ul style="list-style-type: none"> ○ Added D4210, D4211, D4230, D4231, D4240, D4241, D4245, D4265, and D4286 ○ Revised documentation requirements for D4260, D4261, D4263, and D4264 <p>Non-Surgical Periodontal Service</p> <ul style="list-style-type: none"> ○ Added D4322, D4323, D4346, and D4355 ○ Revised documentation requirements for D4341, D4342, and D4381 <p>Other Periodontal Services</p> <ul style="list-style-type: none"> ○ Added D4920 <p>Removable Prosthodontics</p> <p>Complete Dentures (Including Routine Post-Delivery Care)</p> <ul style="list-style-type: none"> ○ Added D5110, D5120, D5130, and D5140 <p>Partial Dentures (Including Routine Post-Delivery Care)</p> <ul style="list-style-type: none"> ○ Removed documentation requirements for D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, and D5286 <p>Adjustments to Dentures</p> <ul style="list-style-type: none"> ○ Added D5410, D5411, D5421, and D5422 <p>Repairs to Complete Dentures</p> <ul style="list-style-type: none"> ○ Added D5511, D5512, and D5520 <p>Repairs to Partial Dentures</p> <ul style="list-style-type: none"> ○ Added D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, and D5671 <p>Denture Rebase Procedures</p> <ul style="list-style-type: none"> ○ Removed documentation requirements for D5710, D5711, D5720, D5721, and D5725 <p>Denture Reline Procedures</p> <ul style="list-style-type: none"> ○ Removed documentation requirements for D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, and D5765 <p>Interim Prosthesis</p> <ul style="list-style-type: none"> ○ Removed documentation requirements for D5810, D5811, D5820, and D5821 <p>Other Removable Prosthetic Services</p> <ul style="list-style-type: none"> ○ Added D5850, D5851, and D5876 ○ Removed documentation requirements for D5863, D5864, D5865, and D5866 <p>Implants</p> <p>Surgical Services</p> <ul style="list-style-type: none"> ○ Added D6050, D6100, D6101, D6103, and D6105 ○ Added documentation requirements for D6050 ○ Revised documentation requirements for D6010, D6012, D6013,

Date	Summary of Changes
	<p>D6040, D6102, D6104, D6106, and D6107</p> <p>Implant Supported Prosthetics: Supporting Structures</p> <ul style="list-style-type: none"> ○ Added D6191 and D6192 ○ Added documentation requirements for D6191 and D6192 ○ Revised documentation requirements for D6051, D6055, D6056, and D6057 <p>Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</p> <ul style="list-style-type: none"> ○ Added D6118 and D6119 ○ Added documentation requirements for D6118 and D6119 ○ Revised documentation requirements for D6110, D6111, D6112, D6113, D6114, D6115, D6116, and D6117 <p>Implant Supported Prosthetics: Single Crowns, Abutment Supported</p> <ul style="list-style-type: none"> ○ Revised documentation requirements for D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, and D6097 <p>Implant Supported Prosthetics: Single Crowns, Implant Supported</p> <ul style="list-style-type: none"> ○ Revised documentation requirements for D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, and D6088 <p>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported</p> <ul style="list-style-type: none"> ○ Added D6120 ○ Revised documentation requirements for D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6194, D6195, D6075, D6076, D6077, D6098, D6099, D6121, D6122, and D6123 <p>Other Implant Services</p> <ul style="list-style-type: none"> ○ Added D6089, D6090, D6180, D6193, and D6197 ○ Revised documentation requirements for D6081, D6085, and D6199 <p>Fixed Prosthodontics</p> <p>Fixed Partial Denture Pontics</p> <ul style="list-style-type: none"> ○ Revised documentation requirements for D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6243, D6245, D6250, D6251, D6252, and D6253 <p>Fixed Partial Denture Retainers – Inlays/Onlays</p> <ul style="list-style-type: none"> ○ Added D6624 and D6793 ○ Revised documentation requirements for D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, and D6634 <p>Fixed Partial Denture Retainers – Crowns</p> <ul style="list-style-type: none"> ○ Revised documentation requirements for D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, and D6794 <p>Other Fixed Partial Denture Services</p> <ul style="list-style-type: none"> ○ Added D6930 <p>Oral and Maxillofacial Surgery</p> <p>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</p> <ul style="list-style-type: none"> ○ Added D7111, D7140, D7210, D7250, and D7251 ○ Revised documentation requirements for D7220, D7230, D7240, and D7241 <p>Other Surgical Procedures</p> <ul style="list-style-type: none"> ○ Added D7260, D7270, D7272, D7280, D7282, D7284, D7285, D7286, D7287, D7288, and D7291 <p>Alveoplasty – Preparation of Ridge</p> <ul style="list-style-type: none"> ○ Added D7310, D7311, D7320, and D7321 <p>Vestibuloplasty</p> <ul style="list-style-type: none"> ○ Added D7340 and D7350 <p>Excision of Soft Tissue Lesions</p> <ul style="list-style-type: none"> ○ Added D7410, D7411, and D7412 <p>Excision of Intra-Osseous Lesions</p> <ul style="list-style-type: none"> ○ Added D7450, D7451, D7460, and D7461

Date	Summary of Changes
	<p>Excision of Bone Tissue</p> <ul style="list-style-type: none"> ○ Added D7472 and D7473 <p>Surgical Incision</p> <ul style="list-style-type: none"> ○ Added D7509, D7510, D7511, D7520, D7521, D7530, D7540, D7550, and D7560 <p>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (only for plans that include TMJ coverage)</p> <ul style="list-style-type: none"> ○ Added D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7881, and D7899 <p>Other Repair Procedures</p> <ul style="list-style-type: none"> ○ Added D7970, D7971, and D7997 ○ Revised documentation requirements for D7953, D7956, D7957, and D7972 <p>Orthodontics</p> <p>Comprehensive Orthodontic Treatment</p> <ul style="list-style-type: none"> ○ Added D8091 <p>Minor Treatment to Control Harmful Habits</p> <ul style="list-style-type: none"> ○ Added D8210 and D8220 <p>Other Orthodontic Services</p> <ul style="list-style-type: none"> ○ Added D8660, D8670, D8671, D8680, D8695, D8696, D8697, D8698, D8699, D8701, and D8702 <p>Adjunctive General Services</p> <p>Unclassified Treatment</p> <ul style="list-style-type: none"> ○ Added D9110 and D9120 <p>Anesthesia</p> <ul style="list-style-type: none"> ○ Added D9210 and D9219 ○ Revised documentation requirements for D9230 <p>Professional Consultation</p> <ul style="list-style-type: none"> ○ Added D9310 <p>Miscellaneous Services</p> <ul style="list-style-type: none"> ○ Added D9910, D9911, D9942, D9943, D9950, D9951, and D9952 ○ Revised documentation requirements for D9944, D9945, and D9946 <p>Non-Clinical Procedures</p> <ul style="list-style-type: none"> ○ Added D9995 and D9996 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version DRG042.18