

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

Guideline Number: DURG042.17

Effective Date: February 1, 2024

Table of Contents	Page
Instructions for Use	1
Documentation Requirements	2
• Diagnostic	2
• Restorative	3
• Endodontics	12
• Periodontics	13
• Removable Prosthodontics	15
• Implant	19
• Fixed Prosthodontics	25
• Oral and Maxillofacial Surgery	28
• Orthodontics	29
• Adjunctive General Services	30
Guideline History/Revision Information	31

Resource Tools
None

Instructions for Use

This Utilization Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans, and includes only the CDT codes for which clinical documentation is required with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization 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, please 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 Requirement column. Please submit this information with your request for coverage.

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

Diagnostic

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D0384	Cone beam CT image capture for TMJ series including two or more exposures	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	<ul style="list-style-type: none"> Cone Beam Computed Tomography
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	N/A
D0393	Virtual treatment simulation using 3D image volume or surface scan	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	N/A
D0394	Digital subtraction of two or more images or image volumes of the same modality;	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	N/A
D0395	Fusion of two or more 3D image volumes of one or more modalities	<ul style="list-style-type: none"> Narrative of necessity including planned procedure 	N/A

Restorative

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2140	Amalgam - one surface, primary or permanent	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2150	Amalgam - two surfaces, primary or permanent	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2160	Amalgam - three surfaces, primary or permanent	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2161	Amalgam - four or more surfaces, primary or permanent	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2330	Resin-based composite - one surface, anterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations Labial Veneers
D2331	Resin-based composite - two surfaces, anterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations Labial Veneers
D2332	Resin-based composite - three surfaces, anterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations Labial Veneers
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations Labial Veneers

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2390	Resin-based composite crown, anterior	<ul style="list-style-type: none"> Current dated pre-operative radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2391	Resin-based composite - one surface, posterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2392	Resin-based composite - two surfaces, posterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2393	Resin-based composite - three surfaces, posterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2394	Resin-based composite - four or more surfaces, posterior	<ul style="list-style-type: none"> If tooth has existing crown: narrative of necessity for filling 	<ul style="list-style-type: none"> Single Tooth Direct Restorations
D2542	Onlay - metallic - two surfaces	<ul style="list-style-type: none"> Current dated pre-operative bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations
D2543	Onlay - metallic - three surfaces	<ul style="list-style-type: none"> Current dated pre-operative bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations
D2544	Onlay - metallic - four or more surfaces	<ul style="list-style-type: none"> Current dated pre-operative bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2642	Onlay - porcelain/ceramic - two surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2643	Onlay - porcelain/ceramic - three surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2644	Onlay - porcelain/ceramic - four or more surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2662	Onlay - resin-based composite - two surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2663	Onlay - resin-based composite - three surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2664	Onlay - resin-based composite - four or more surfaces	<ul style="list-style-type: none"> • Current dated pre-operative bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2710	Crown - resin-based composite (indirect)	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2712	Crown - 3/4 resin-based composite (indirect)	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2720	Crown - resin with high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2721	Crown - resin with predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2722	Crown - resin with noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2740	Crown - porcelain/ceramic	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2750	Crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2751	Crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2752	Crown - porcelain fused to noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2753	Crown – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2780	Crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2781	Crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2782	Crown - 3/4 cast noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2783	Crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2790	Crown - full cast high noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2791	Crown - full cast predominantly base metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2792	Crown - full cast noble metal	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2794	Crown - titanium and titanium alloys	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2799	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 teeth • Narrative that states what further treatment or diagnosis is medically necessary 	<ul style="list-style-type: none"> • Single Tooth Indirect Restorations
D2949	Restorative foundation for an indirect restoration	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	<ul style="list-style-type: none"> • Core Buildup, Post and Core and Pin Retention

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2950	Core buildup, including any pins when required	<ul style="list-style-type: none"> • Current dated pre-operative radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	<ul style="list-style-type: none"> • Core Buildup, Post and Core and Pin Retention
D2952	Post and core in addition to crown, indirectly fabricated	<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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Core Buildup, Post and Core and Pin Retention
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 	<ul style="list-style-type: none"> • Core Buildup, Post and Core and Pin Retention
D2960	Labial veneer (resin laminate) - direct	<ul style="list-style-type: none"> • Current dated pre-operative radiographs or intraoral photographs of teeth • Date of prior placement of existing veneer and the rationale for replacement, if applicable 	<ul style="list-style-type: none"> • Labial Veneers
D2961	Labial veneer (resin laminate) - indirect	<ul style="list-style-type: none"> • Current dated pre-operative radiographs or intraoral photographs of teeth • Date of prior placement of existing veneer and the rationale for replacement, if applicable 	<ul style="list-style-type: none"> • Labial Veneers

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D2962	Labial veneer (porcelain laminate) - indirect	<ul style="list-style-type: none"> Current dated pre-operative radiographs or intraoral photographs of teeth Date of prior placement of existing veneer and the rationale for replacement, if applicable 	<ul style="list-style-type: none"> Labial Veneers

Endodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D3346	Retreatment of previous root canal therapy - anterior	<ul style="list-style-type: none"> Current dated pre-operative radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Non-Surgical Endodontics
D3410	Apicoectomy - anterior	<ul style="list-style-type: none"> Current dated pre-operative radiographs of tooth Narrative of necessity including history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3421	Apicoectomy - premolar (first root)	<ul style="list-style-type: none"> Current dated pre-operative radiographs of tooth Narrative of necessity including history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3425	Apicoectomy - molar (first root)	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity including history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3426	Apicoectomy (each additional root)	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity including history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3450	Root amputation - per root	<ul style="list-style-type: none"> Current dated pre-operative radiographs of tooth Narrative of necessity 	<ul style="list-style-type: none"> Surgical Endodontics
D3471	Surgical repair of root resorption - anterior	<ul style="list-style-type: none"> Narrative indicating history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3472	Surgical repair of root resorption - premolar	<ul style="list-style-type: none"> Narrative indicating history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics
D3473	Surgical repair of root resorption - molar	<ul style="list-style-type: none"> Narrative indicating history of root canal therapy 	<ul style="list-style-type: none"> Surgical Endodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
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 	<ul style="list-style-type: none"> Surgical Endodontics

Periodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
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 	<ul style="list-style-type: none"> 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 tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> 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 tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Biologic Materials for Soft and Hard Tissue Regeneration Bone Replacement Grafts Dental Care Services in an Operating Room or Ambulatory Surgery Center
D4264	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 	<ul style="list-style-type: none"> Biologic Materials for Soft and Hard Tissue Regeneration Bone Replacement Grafts Dental Care Services in an Operating Room or Ambulatory Surgery Center
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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
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 	<ul style="list-style-type: none"> • Dental Care Services in an Operating Room or Ambulatory Surgery Center • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Surgical Periodontics: Resective 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Surgical Periodontics: Mucogingival Procedures
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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Surgical Periodontics: Mucogingival Procedures

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting 	<ul style="list-style-type: none"> Non-Surgical Periodontal Therapy
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting 	<ul style="list-style-type: none"> Non-Surgical Periodontal Therapy
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting Dates of previous scaling and root planing 	<ul style="list-style-type: none"> Non-Surgical Periodontal Therapy
D4910	Periodontal maintenance	<ul style="list-style-type: none"> Narrative specifying dates of previous scaling and root planing or osseous surgery 	<ul style="list-style-type: none"> Non-Surgical Periodontal Therapy

Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	<ul style="list-style-type: none"> Panoramic radiograph or full series Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	<ul style="list-style-type: none"> Panoramic radiograph or full series Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Panoramic radiograph or full series • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Panoramic radiograph or full series • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> • Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> • Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5286	Removable unilateral partial denture – one piece resin (including retentive/ clasping materials, rests, and teeth) – per quadrant	<ul style="list-style-type: none"> Panoramic radiograph or full series Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5710	Rebase complete maxillary denture	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5711	Rebase complete mandibular denture	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5720	Rebase maxillary partial denture	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5721	Rebase mandibular partial denture	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5725	Rebase hybrid prosthesis	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D5730	Reline complete maxillary denture (direct)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5731	Reline complete mandibular denture (direct)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5740	Reline maxillary partial denture (direct)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5741	Reline mandibular partial denture (direct)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5750	Reline complete maxillary denture (indirect)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5751	Reline complete mandibular denture (indirect)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5760	Reline maxillary partial denture (indirect)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5761	Reline mandibular partial denture (indirect)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5765	Soft liner for complete or partial removable denture - indirect	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5810	Interim complete denture (maxillary)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5811	Interim complete denture (mandibular)	<ul style="list-style-type: none"> Date of initial denture delivery 	<ul style="list-style-type: none"> Removable Prosthodontics
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary; Includes any necessary clasps and rests.	<ul style="list-style-type: none"> Narrative of medical necessary If extractions have not yet been performed: dates of planned extractions 	<ul style="list-style-type: none"> Removable Prosthodontics
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	<ul style="list-style-type: none"> Narrative of medical necessary If extractions have not yet been performed: dates of planned extractions 	<ul style="list-style-type: none"> Removable Prosthodontics
D5863	Overdenture - complete maxillary	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5864	Overdenture - partial maxillary	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5865	Overdenture - complete mandibular	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics
D5866	Overdenture - partial mandibular	<ul style="list-style-type: none"> Documentation of all missing teeth and teeth planned for extraction 	<ul style="list-style-type: none"> Removable Prosthodontics

Implant

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/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 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Surgical Services			
D6010	Surgical placement of implant body: endosteal implant	<ul style="list-style-type: none"> Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	<ul style="list-style-type: none"> Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6013	Surgical placement of mini implant	<ul style="list-style-type: none"> Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6040	Surgical placement: eposteal implant	<ul style="list-style-type: none"> Panoramic radiograph or full mouth series 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6102	Debridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6104	Bone graft at time of implant placement	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6106	Guided tissue regeneration – resorbable barrier, per implant	<ul style="list-style-type: none"> Current pre-operative radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> 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 pre-operative radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Implant Supported Prosthetics: Supporting Structures			
D6051	Interim abutment	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6192	Semi-precision attachment - placement	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Supporting Structures			
D6055	Connecting bar – implant supported or abutment supported	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6056	Prefabricated abutment - includes modification and placement	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6057	Custom abutment – includes placement	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures			
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6111	Implant /abutment supported removable denture for edentulous arch-mandibular	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6113	Implant /abutment supported removable denture for partially	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)			
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Single Crowns, Abutment Supported			
D6058	Abutment supported porcelain/ceramic crown	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6061	Abutment supported porcelain fused to metal crown (noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6062	Abutment supported cast metal crown (high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6063	Abutment supported cast metal crown (predominantly base metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6064	Abutment supported cast metal crown (noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6094	Abutment supported crown - titanium and titanium alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6065	Implant supported porcelain/ceramic crown	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Single Crowns, Abutment Supported			
D6082	Implant supported crown – porcelain fused to predominantly	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6083	Implant supported crown - porcelain fused to noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6084	Implant supported crown - porcelain fused to noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6086	Implant supported crown - predominantly base alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6087	Implant supported crown - noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6088	Implant supported crown - titanium and titanium alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported			
D6068	Abutment supported retainer for porcelain/ceramic FPD	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported			
D6074	Abutment supported retainer for cast metal FPD (noble metal)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6194	Abutment supported retainer crown for FPD – (titanium)	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6195	Abutment supported retainer – porcelain fused to titanium	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported			
D6075	Implant supported retainer for ceramic FPD	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6077	Implant supported retainer for metal FPD - high noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6098	Implant supported retainer – porcelain fused topredominantly base alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6121	Implant supported retainer for metal FPD - predominantly base alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6122	Implant supported retainer for metal FPD - noble alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Implant Services			
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	<ul style="list-style-type: none"> Narrative of the nature of the maintenance procedure required 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single a implant	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
D6085	Interim implant crown	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6092	Re-cement or re-bond implant/abutment supported crown	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6095	Repair implant abutment, by report	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6096	Remove broken implant retaining screw	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	<ul style="list-style-type: none"> Radiographs of implant in place (post-service) or projected date of implant placement (pre-service) Narrative of medical necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses
D6198	Remove interim implant component	<ul style="list-style-type: none"> Current dated pre-operative radiograph of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Prostheses

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
Other Implant Services			
D6199	Unspecified implant procedure, by report	<ul style="list-style-type: none"> • Radiographs of area • Narrative of necessity 	<ul style="list-style-type: none"> • Dental Implant Supported Protheses • Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D6205	Pontic – indirect resin based composite	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6210	Pontic – cast high noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6211	Pontic – cast predominantly base metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6212	Pontic – cast noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6214	Pontic – titanium	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6240	Pontic – porcelain fused to high noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6241	Pontic – porcelain fused to predominantly base metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6242	Pontic – porcelain fused to noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6243	Pontic – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6245	Pontic – porcelain/ceramic	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6250	Pontic – resin with high noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6251	Pontic – resin with predominantly base metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6252	Pontic – resin with noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D6253	Provisional 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 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6545	Retainer – cast metal for resin bonded fixed prosthesis	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6549	Resin retainer – for resin bonded fixed prosthesis	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6600	Inlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6601	Inlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6602	Inlay – cast high noble metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6603	Inlay – cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6604	Inlay – cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6605	Inlay – cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6606	Inlay – cast noble metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6607	Inlay – cast noble metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6608	Onlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6609	Onlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D6610	Retainer onlay - cast high noble metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6611	Retainer onlay - cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6612	Retainer onlay - cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6614	Retainer onlay - cast noble metal, two surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6615	Retainer onlay - cast noble metal, three or more surfaces	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6634	Onlay – titanium	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6710	Retainer crown - indirect resin based composite	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6720	Retainer crown - resin with high noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6721	Retainer crown - resin with predominantly base metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6722	Retainer crown - resin with noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6740	Retainer crown - porcelain/ceramic	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6750	Retainer crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6751	Retainer crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics
D6752	Retainer crown - porcelain fused to noble metal	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	<ul style="list-style-type: none"> • Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6780	Retainer crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6781	Retainer crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6782	Retainer crown - 3/4 cast noble metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6783	Retainer crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6784	Retainer crown 3/4 - titanium and titanium alloys	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6790	Retainer crown - full cast high noble metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6791	Retainer crown - full cast predominantly base metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6792	Retainer crown - full cast noble metal	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6793	Interim retainer crown - further treatment or 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 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6794	Retainer crown - titanium and titanium alloys	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	<ul style="list-style-type: none"> Fixed Prosthodontics
D6980	Fixed partial denture repair necessitated by restorative material failure	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Fixed Prosthodontics

Oral and Maxillofacial Surgery

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D7220	Removal of impacted tooth – soft tissue	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7230	Removal of impacted tooth – partially bony	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7240	Removal of impacted tooth – completely bony	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Surgical Extraction of Impacted Teeth
D7261	Primary closure of a sinus perforation	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures
D7953	Bone replacement graft for ridge preservation – per site	<ul style="list-style-type: none"> Current dated radiograph of the tooth to be extracted Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement 	<ul style="list-style-type: none"> Oral Surgery: Miscellaneous Surgical Procedures
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	<ul style="list-style-type: none"> Current pre-operative radiograph of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	<ul style="list-style-type: none"> Current pre-operative radiograph of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Barrier Membrane Guided Tissue Regeneration
D7961	Buccal/labial frenectomy (frenulectomy)	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7962	Lingual frenectomy (frenulectomy)	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7963	Frenuloplasty	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7972	Surgical reduction of fibrous tuberosity	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Oral Surgery: Non-Pathologic Excisional Procedures
D7993	Surgical placement of craniofacial implant - extra oral	<ul style="list-style-type: none"> Diagnosis Previous anticipated surgical or nonsurgical treatment Narrative explaining need for procedure 	N/A
D7994	Surgical placement: zygomatic implant	<ul style="list-style-type: none"> Diagnosis Previous anticipated surgical or nonsurgical treatment Narrative explaining need for procedure 	N/A

Orthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D8010	Limited orthodontic treatment of the primary dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D8020	Limited orthodontic treatment of the transitional dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment
D8030	Limited orthodontic treatment of the adolescent dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment
D8040	Limited orthodontic treatment of the adult dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment
D8070	Comprehensive orthodontic treatment of the transitional dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment
D8080	Comprehensive orthodontic treatment of the adolescent dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment
D8090	Comprehensive orthodontic treatment of the adult dentition	<ul style="list-style-type: none"> EHB exception requests only: please follow state-specific documentation requirements 	<ul style="list-style-type: none"> Medically Necessary Orthodontic Treatment

Adjunctive General Services

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> General Anesthesia and Conscious Sedation Services
D9230	Inhalation of nitrous oxide/anoxiolysis, analgesia	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	<ul style="list-style-type: none"> General Anesthesia and Conscious Sedation Services
D9239	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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> General Anesthesia and Conscious Sedation Services
D9248	Non-intravenous conscious sedation	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> General Anesthesia and Conscious Sedation Services

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
D9610	Therapeutic parenteral drug, single administration	<ul style="list-style-type: none"> Narrative of necessity Name of medication used and route of administration 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> In-Office Drug Administration and Dispensing of Medications
D9613	Infiltration of sustained release therapeutic drug – single or	<ul style="list-style-type: none"> Narrative of necessity 	<ul style="list-style-type: none"> In-Office Drug Administration and Dispensing of Medications
D9932	Cleaning and inspection of removable complete denture, maxillary	<ul style="list-style-type: none"> Narrative of necessity 	N/A
D9933	Cleaning and inspection of removable complete denture, mandibular	<ul style="list-style-type: none"> Narrative of necessity 	N/A
D9934	Cleaning and inspection of removable partial denture, maxillary	<ul style="list-style-type: none"> Narrative of necessity 	N/A
D9935	Cleaning and inspection of removable partial denture, mandibular	<ul style="list-style-type: none"> Narrative of necessity 	N/A
D9944	Occlusal guard - hard appliance, full arch	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards
D9945	Occlusal guard - soft appliance, full arch	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards
D9946	Occlusal guard - hard appliance, partial arch	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	<ul style="list-style-type: none"> Occlusal Guards

CDT® is a registered trademark of the American Dental Association

Guideline History/Revision Information

Date	Summary of Changes
02/01/2024	<p>Instructions for Use</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> This Utilization Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare standard Commercial Dental Plans, and includes only the CDT codes for which clinical documentation is required with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee <ul style="list-style-type: none"> Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary This Utilization 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: <ul style="list-style-type: none"> The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Specific care and treatment may vary depending on individual need and the benefits covered under your contract ○ 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) <p>Documentation Requirements</p> <ul style="list-style-type: none"> ● Updated list of CDT codes with associated documentation requirements: <p>Diagnostic</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D0364, D0365, D0366, D0367, D0368, D0380, D0381, D0382, D0383, D0384, D0391, D0393, D0394, and D0395 ○ Removed D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191, D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0273, D0274, D0277, D0310, D0320, D0321, D0322, D0330, D0340, D0350, D0369, D0370, D0371, D0372, D0373, D0374, D0385, D0386, D0387, D0388, D0389, D0411, D0412, D0414, D0415, D0416, D0417, D0418, D0419, D0422, D0423, D0425, D0431, D0460, D0470, D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0484, D0485, D0486, D0502, D0600, D0601, D0602, D0603, D0604, D0605, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D0801, D0802, D0803, D0804, and D0999 <p>Preventive</p> <ul style="list-style-type: none"> ○ Removed D1110, D1120, D1206, D1208, D1310, D1320, D1321, D1330, D1351, D1352, D1353, D1354, D1355, D1510, D1516, D1517, D1520, D1526, D1527, D1551, D1552, D1553, D1556, D1557, D1558, D1575, and D1999 <p>Restorative</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2753, and D2949 ○ Revised documentation requirements for D2390, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2950, D2952, D2953, D2954, D2960, D2961, and D2962 ○ Removed D2410, D2420, D2430, D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2910, D2915, D2920, D2921, D2928, D2929, D2930, D2931, D2932, D2933, D2940, D2941, D2951, D2955, D2957, D2971, D2975, D2980, D2981, D2982, D2983, D2990, and D2999 <p>Endodontics</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D3471, D3472, and D3473 ○ Revised documentation requirements for D3346, D3347, D3348, D3410, D3421, D3425, D3426, D3450, D3501, D3502, D3503, D3910, D3911, and D3920 ○ Removed D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999, D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3351, D3352, D3353, D3355, D3356, D3357, D3428, D3429, D3430, D3431, D3432, D3460, D3470, D3921, D3950, and D3999 <p>Periodontics</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D4910 ○ Revised documentation requirements for D4249, D4260, D4261, D4263, D4264, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285, and D4910 ○ Removed D4210, D4211, D4212, D4230, D4231, D4240, D4241, D4245, D4265, D4286, D4322, D4323, D4346, D4355, D4921, and D4999 <p>Removable Prosthodontics</p>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Added documentation requirements for D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5710, D5711, D5720, D5721, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765, D5810, D5811, D5820, D5821, D5863, D5864, D5865, and D5866 ○ Removed D5110, D5120, D5130, D5140, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5850, D5851, D5862, D5867, D5875, D5876, and D5899 <p>Maxillofacial Prosthetics</p> <ul style="list-style-type: none"> ○ Removed D5911, D5912, D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5937, D5951, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5982, D5983, D5984, D5985, D5986, D5987, D5988, D5991, D5992, D5993, D5995, D5996, and D5999 <p>Implant</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D6190, D6106, D6107, D6080, D6091, D6092, and D6093 ○ Revised documentation requirements for D6051, D6192, D6055, D6056, D6057, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6097, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6194, D6195, D6075, D6076, D6077, D6098, D6099, D6121, D6122, D6123, D6085, D6118, D6119, and D6198 ○ Removed CDT codes D6011, D6050, D6100, D6101, D6103, D6105, D6191, D6120, D6090, and D6197 <p>Fixed Prosthodontics</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D6243 and D6253 ○ Removed D6624, D6920, D6930, D6940, D6950, D6985, and D6999 <p>Oral and Maxillofacial Surgery</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D7956, D7957, D7961, D7962, D7963, D7993, and D7994 ○ Removed D7111, D7140, D7210, D7250, D7251, D7260, D7270, D7272, D7280, D7282, D7283, D7285, D7286, D7287, D7288, D7290, D7291, D7292, D7293, D7294, D7295, D7296, D7297, D7298, D7299, D7300, D7310, D7311, D7320, D7321, D7340, D7350, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7509, D7510, D7511, D7520, D7521, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7881, D7899, D7910, D7911, D7912, D7920, D7921, D7922, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7970, D7971, D7979, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, D7997, D7998, and D7999 <p>Orthodontics</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D8010, D8020, D8030, D8040, D8070, D8080, and D8090 ○ Removed D8210, D8220, D8660, D8670, D8680, D8681, D8692, D8693, D8694, D8695, D8696, D8697, D8698, D8699, D8701, D8702, D8703, D8704, and D8999 <p>Adjunctive General Services</p> <ul style="list-style-type: none"> ○ Added documentation requirements for D9932, D9933, D9934, and D9935 ○ Revised documentation requirements for D9610 and D9612 ○ Removed D9110, D9120, D9210, D9211, D9212, D9215, D9219, D9310, D9311, D9410, D9420, D9430, D9440, D9450, D9630, D9910, D9911, D9920, D9930, D9941, D9942, D9943, D9950, D9951, D9952, D9953, D9970, D9971, D9972, D9973, D9974, D9975, D9985, D9986, D9987, D9991, D9992, D9993, D9994, D9995, D9996, D9997, and D9999

Date	Summary of Changes
	<p data-bbox="331 138 636 174">Supporting Information</p> <ul data-bbox="331 176 899 210" style="list-style-type: none"><li data-bbox="331 176 899 210">• Archived previous policy version DURG042.16