

# National Standardized Dental Claim Review Guidelines (for Medicare Plans Only)

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Table of Contents	Page
<a href="#">Instructions for Use</a> .....	1
<a href="#">Documentation Requirements</a> .....	1
• <a href="#">Diagnostic</a> .....	2
• <a href="#">Preventive</a> .....	8
• <a href="#">Restorative</a> .....	9
• <a href="#">Endodontics</a> .....	15
• <a href="#">Periodontics</a> .....	18
• <a href="#">Removable Prosthodontics</a> .....	21
• <a href="#">Maxillofacial Prosthetics</a> .....	26
• <a href="#">Fixed Prosthodontics</a> .....	29
• <a href="#">Oral and Maxillofacial Surgery</a> .....	32
• <a href="#">Adjunctive General Services</a> .....	41
<a href="#">Guideline History/Revision Information</a> .....	44

## Resource Tools

None

## Instructions for Use

This Dental Claim Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare Medicare Dental Plans. This Dental Claim Review Guideline includes only the CDT codes that are within the scope of the United Healthcare Medicare Dental Plan, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee. Plan coverage, exclusions, or limitations of the member's specific Medicare Advantage, Special Needs Plans, or Medicare-Medicaid combination product will supersede these criteria; refer to the certificate of coverage for a list of covered services. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Claim Review Guideline is provided for informational purposes. It does not constitute medical advice.

### Notes:

- For a full listing of Dental Clinical Policies and Coverage Guidelines, refer to [UHCprovider.com](https://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 Requirements* column. Submit this information with your request for coverage.

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

## Diagnostic

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Clinical Oral Evaluations</b>			
D0120	Periodic oral evaluation – established patient	N/A	N/A
D0140	Limited oral evaluation – problem focused	N/A	N/A
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	N/A
D0150	Comprehensive oral evaluation – new or established patient	N/A	N/A
D0160	Detailed and extensive oral evaluation – problem focused, by report	N/A	N/A
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	N/A	N/A
D0171	Re-evaluation – post-operative office visit	N/A	N/A
D0180	Comprehensive periodontal evaluation – new or established patient	N/A	N/A
<b>Pre-Diagnostic Services</b>			
D0190	Screening of a patient	N/A	N/A
D0191	Assessment of a patient	N/A	N/A
<b>Diagnostic Imaging: Image Capture with Interpretation</b>			
D0210	Intraoral – complete series of radiographic images	N/A	N/A
D0220	Intraoral – periapical first radiographic image	N/A	N/A
D0230	Intraoral – periapical each additional radiographic image	N/A	N/A
D0240	Intraoral – occlusal radiographic image	N/A	N/A
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source	N/A	N/A
D0251	Extra-oral posterior dental radiographic image	N/A	N/A
D0270	Bitewing – single radiographic image	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Diagnostic Imaging: Image Capture with Interpretation</b>			
D0272	Bitewings – two radiographic images	N/A	N/A
D0273	Bitewings – three radiographic images	N/A	N/A
D0274	Bitewings – four radiographic images	N/A	N/A
D0277	Vertical bitewings – 7 to 8 radiographic images	N/A	N/A
D0310	Sialography	N/A	N/A
D0320	Temporomandibular joint arthrogram, including injection	N/A	N/A
D0322	Tomographic survey	N/A	N/A
D0330	Panoramic radiographic image	N/A	N/A
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	N/A	N/A
D0350	2D Oral/facial photographic images obtained intra-orally or extra-orally	N/A	N/A
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0369	Maxillofacial MRI capture and interpretation	N/A	N/A
D0370	Maxillofacial ultrasound capture and interpretation	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Diagnostic Imaging: Image Capture with Interpretation</b>			
D0371	Sialoendoscopy capture and interpretation	N/A	N/A
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	N/A	N/A
D0373	Intraoral tomosynthesis – bitewing radiographic image	N/A	N/A
D0374	Intraoral tomosynthesis – periapical radiographic image	N/A	N/A
<b>Diagnostic Imaging: Image Capture Only</b>			
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0384	Cone beam CT image capture for TMJ series including two or more exposures	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0385	Maxillofacial MRI image capture	N/A	N/A
D0386	Maxillofacial ultrasound image capture	N/A	N/A
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	N/A	N/A
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	N/A	N/A
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	N/A	N/A
D0701	Panoramic radiographic image – image capture only	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Diagnostic Imaging: Image Capture Only</b>			
D0702	2-D cephalometric radiographic image – image capture only	N/A	N/A
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	N/A	N/A
D0705	Extra-oral posterior dental radiographic image – image capture only	N/A	N/A
D0706	Intraoral – occlusal radiographic image – image capture only	N/A	N/A
D0707	Intraoral – periapical radiographic image – image capture only	N/A	N/A
D0708	Intraoral – bitewing radiographic image – image capture only	N/A	N/A
D0709	Intraoral – complete series of radiographic images – image capture only	N/A	N/A
D0801	3D intraoral surface scan – direct	N/A	N/A
D0802	3D dental surface scan – indirect	N/A	N/A
D0803	3D facial surface scan – direct	N/A	N/A
D0804	3D facial surface scan – indirect	N/A	N/A
<b>Interpretation and Report Only</b>			
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	N/A	<a href="#">Cone Beam Computed Tomography</a>
<b>Post Processing of Image or Image Sets</b>			
D0393	Virtual treatment simulation using 3D image volume or surface scan	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0394	Digital subtraction of two or more images or image volumes of the same modality	N/A	<a href="#">Cone Beam Computed Tomography</a>
D0395	Fusion of two or more 3D image volumes of one or more modalities	N/A	<a href="#">Cone Beam Computed Tomography</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Tests and Examinations</b>			
D0411	HbA1c in-office point of service testing	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0412	Blood glucose level test – in-office using a glucose meter	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	N/A	<a href="#">Bacterial, Viral, and Fungal Testing of Oral Infections</a>
D0415	Collection of microorganisms for culture and sensitivity	N/A	<a href="#">Bacterial, Viral, and Fungal Testing of Oral Infections</a>
D0416	Viral culture	N/A	<a href="#">Bacterial, Viral, and Fungal Testing of Oral Infections</a>
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	N/A	<a href="#">Salivary Testing</a>
D0418	Analysis of saliva sample	N/A	<a href="#">Salivary Testing</a>
D0419	Assessment of salivary flow by measurement	N/A	<a href="#">Salivary Testing</a>
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	N/A	<a href="#">Genetic Testing for Oral Disease</a>
D0423	Genetic test for susceptibility to diseases – specimen analysis	N/A	<a href="#">Genetic Testing for Oral Disease</a>
D0425	Caries susceptibility tests	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0460	Pulp vitality tests	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0470	Diagnostic casts	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D0472	Accession of tissue, gross examination, preparation and transmission of written report	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Tests and Examinations</b>			
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	N/A	N/A
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	N/A	N/A
D0475	Decalcification procedure	N/A	N/A
D0476	Special stains for microorganisms	N/A	N/A
D0477	Special stains, not for microorganisms	N/A	N/A
D0478	Immunohistochemical stains	N/A	N/A
D0479	Tissue in-situ hybridization, including interpretation	N/A	N/A
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	N/A	N/A
D0481	Electron microscopy	N/A	N/A
D0482	Direct immunofluorescence	N/A	N/A
D0483	Indirect immunofluorescence	N/A	N/A
D0484	Consultation on slides prepared elsewhere	N/A	N/A
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	N/A	N/A
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	N/A	N/A
D0502	Other oral pathology procedures, by report	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Tests and Examinations</b>			
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	N/A	<a href="#">Non-Ionizing Diagnostic Procedures</a>
D0601	Caries risk assessment and documentation, with a finding of low risk	N/A	N/A
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/A	N/A
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	N/A

## Preventive

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Dental Prophylaxis</b>			
D1110	Prophylaxis- adult	N/A	N/A
D1120	Prophylaxis- child	N/A	N/A
<b>Topical Fluoride Treatment (Office Procedure)</b>			
D1206	Topical application of fluoride varnish	N/A	<ul style="list-style-type: none"> <li><a href="#">Topical Medicaments for Caries Prevention or Remineralization</a></li> <li><a href="#">Application of Desensitizing Medicaments and Resins</a></li> </ul>
D1208	Topical application of fluoride – excluding varnish	N/A	<a href="#">Topical Medicaments for Caries Prevention or Remineralization</a>
<b>Other Preventive Services</b>			
D1310	Nutritional counseling for control of dental disease	N/A	N/A
D1320	Tobacco counseling for the control and prevention of oral disease	N/A	N/A
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/A	N/A
D1351	Sealant – per tooth	N/A	<a href="#">Sealants and Preventive Resin Restorations</a>
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	N/A	<a href="#">Sealants and Preventive Resin Restorations</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Preventive Services</b>			
D1353	Sealant repair – per tooth	N/A	<a href="#">Sealants and Preventive Resin Restorations</a>
D1354	Application of caries arresting medicament – per tooth	N/A	<a href="#">Topical Medicaments for Caries Prevention or Remineralization</a>
D1355	Caries preventive medicament application – per tooth	N/A	<a href="#">Topical Medicaments for Caries Prevention or Remineralization</a>

## Restorative

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Amalgam Restorations (Including Polishing)</b>			
D2140	Amalgam – one surface, primary or permanent	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2150	Amalgam – two surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2160	Amalgam – three surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2161	Amalgam – four or more surfaces, primary or permanent	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
<b>Resin-Based Composite Restorations – Direct</b>			
D2330	Resin-based composite – one surface, anterior	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2331	Resin-based composite – two surfaces, anterior	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2332	Resin-based composite – three surfaces, anterior	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2390	Resin-based composite crown, anterior	N/A	<a href="#">Single Tooth Direct Restorations</a>
D2391	Resin-based composite – one surface, posterior	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
D2392	Resin-based composite – two surfaces, posterior	If tooth has existing crown: narrative of necessity for filling	<a href="#">Single Tooth Direct Restorations</a>
<b>Inlay/Onlay Restorations</b>			
D2510	Inlay – metallic – one surface	N/A	<a href="#">Single Tooth Direct Restorations</a>
D2520	Inlay – metallic – two surfaces	N/A	<a href="#">Single Tooth Direct Restorations</a>
D2530	Inlay – metallic – three or more surfaces	N/A	<a href="#">Single Tooth Direct Restorations</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Inlay/Onlay Restorations</b>			
D2542	Onlay – metallic – two surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of tooth</li> <li>• 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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2543	Onlay – metallic – three surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of tooth</li> <li>• 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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2544	Onlay – metallic – four or more surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of tooth</li> <li>• 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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2610	Inlay – porcelain/ceramic – one surface	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2620	Inlay – porcelain/ceramic – two surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2630	Inlay – porcelain/ceramic – three or more surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2642	Onlay – porcelain/ceramic – two surfaces	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of tooth</li> <li>• 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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Inlay/Onlay Restorations</b>			
D2643	Onlay – porcelain/ceramic – three surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of tooth</li> <li>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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2644	Onlay – porcelain/ceramic – four or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of tooth</li> <li>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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
<b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>			
D2650	Inlay – resin-based composite – one surface	<ul style="list-style-type: none"> <li>Current dated pre-operative radiograph of tooth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2651	Inlay – resin-based composite – two surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative radiograph of tooth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2652	Inlay – resin-based composite – three or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative radiograph of tooth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2662	Onlay – resin-based composite – two surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of tooth</li> <li>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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
D2663	Onlay – resin-based composite – three surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of tooth</li> <li>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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>			
D2664	Onlay – resin-based composite – four or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of tooth</li> <li>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</li> </ul>	<a href="#">Single Tooth Direct Restorations</a>
<b>Crowns – Single Restorations Only</b>			
D2710	Crown – resin-based composite (indirect)	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2712	Crown – 3/4 resin-based composite (indirect)	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2720	Crown – resin with high noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2721	Crown – resin with predominantly base metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2722	Crown – resin with noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2740	Crown – porcelain/ceramic	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2750	Crown – porcelain fused to high noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2751	Crown – porcelain fused to predominantly base metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2752	Crown – porcelain fused to noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2753	Crown – porcelain fused to titanium and titanium alloys	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2780	Crown – 3/4 cast high noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2781	Crown – 3/4 cast predominantly base metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2782	Crown – 3/4 cast noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2783	Crown – 3/4 porcelain/ceramic	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2790	Crown – full cast high noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2791	Crown – full cast predominantly base metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2792	Crown – full cast noble metal	N/A	<a href="#">Single Tooth Indirect Restorations</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2794	Crown – titanium and titanium alloys	N/A	<a href="#">Single Tooth Indirect Restorations</a>
D2799	Interim crown-further treatment or completion of diagnosis necessary prior to final impression	N/A	<a href="#">Single Tooth Indirect Restorations</a>
<b>Other Restorative Services</b>			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	N/A	<a href="#">Other Restorative Procedures</a>
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	<a href="#">Other Restorative Procedures</a>
D2920	Re-cement or re-bond crown	N/A	<a href="#">Other Restorative Procedures</a>
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/A	<a href="#">Other Restorative Procedures</a>
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	N/A	<a href="#">Prefabricated Crowns</a>
D2929	Prefabricated porcelain/ceramic crown – primary tooth	N/A	<a href="#">Prefabricated Crowns</a>
D2930	Prefabricated stainless steel crown – primary tooth	N/A	<a href="#">Prefabricated Crowns</a>
D2931	Prefabricated stainless steel crown – permanent tooth	N/A	<a href="#">Prefabricated Crowns</a>
D2932	Prefabricated resin crown	N/A	<a href="#">Prefabricated Crowns</a>
D2933	Prefabricated stainless steel crown with resin window	N/A	<a href="#">Prefabricated Crowns</a>
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	N/A	<a href="#">Prefabricated Crowns</a>
D2940	Placement of interim direct restoration	N/A	<a href="#">Single Tooth Direct Restorations</a>
D2949	Restorative foundation for an indirect restoration	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2950	Core buildup, including any pins when required	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2951	Pin retention – per tooth, in addition to restoration	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Restorative Services</b>			
D2952	Post and core in addition to crown, indirectly fabricated	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2953	Each additional indirectly fabricated post – same tooth	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2954	Prefabricated post and core in addition to crown	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2955	Post removal	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2956	Removal of an indirect restoration on a natural tooth	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2957	Each additional prefabricated post – same tooth	N/A	<a href="#">Core Buildup, Post and Core, and Pin Retention</a>
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	N/A	<a href="#">Other Restorative Procedures</a>
D2975	Coping	N/A	<a href="#">Other Restorative Procedures</a>
D2980	Crown repair necessitated by restorative material failure	N/A	<a href="#">Other Restorative Procedures</a>
D2981	Inlay repair necessitated by restorative material failure	N/A	<a href="#">Other Restorative Procedures</a>
D2982	Onlay repair necessitated by restorative material failure	N/A	<a href="#">Other Restorative Procedures</a>
D2989	Excavation of a tooth resulting in the determination of non-restorability	N/A	N/A
D2990	Resin infiltration of incipient smooth surface lesions	N/A	<a href="#">Single Tooth Direct Restorations</a>
D2991	Application of hydroxyapatite regeneration medicament – per tooth	N/A	<a href="#">Sealants and Preventive Resin Restorations</a>

## Endodontics

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

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

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Apicoectomy/Periradicular Services</b>			
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	N/A	<a href="#">Bone Replacement Grafts</a>
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N/A	<a href="#">Bone Replacement Grafts</a>
D3430	Retrograde filling – per root	N/A	<a href="#">Surgical Endodontics</a>
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N/A	N/A
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/A	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D3450	Root amputation – per root	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiograph of tooth</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>
D3470	Intentional reimplantation (including necessary splinting)	N/A	<a href="#">Surgical Endodontics</a>
D3471	Surgical repair of root resorption – anterior	N/A	<a href="#">Surgical Endodontics</a>
D3472	Surgical repair of root resorption – premolar	N/A	<a href="#">Surgical Endodontics</a>
D3473	Surgical repair of root resorption – molar	N/A	<a href="#">Surgical Endodontics</a>
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption– anterior	N/A	<a href="#">Surgical Endodontics</a>
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	N/A	<a href="#">Surgical Endodontics</a>
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	N/A	<a href="#">Surgical Endodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Endodontic Procedures</b>			
D3920	Hemisection (including any root removal), not including root canal therapy	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Endodontics</a>

## Periodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4245	Apically positioned flap	N/A	<a href="#">Surgical Periodontics: Resective Procedures</a>
D4249	Clinical crown lengthening – hard tissue	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>
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"> <li>Current dated pre-operative radiographs of teeth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>
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"> <li>Current dated pre-operative radiographs of teeth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Bone Replacement Grafts</a>
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Bone Replacement Grafts</a>
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	N/A	<a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a>
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D4268	Surgical revision procedure, per tooth	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4270	Pedicle soft tissue graft procedure	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Resective Procedures</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4276	Combined connective tissue and pedicle graft, per tooth	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
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"> <li>• Current dated pre-operative radiographs of tooth/area of problem</li> <li>• Complete 6-point periodontal charting</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Surgical Periodontics: Mucogingival Procedures</a>
D4286	Removal of non-resorbable barrier	N/A	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
<b>Non-Surgical Periodontal Service</b>			
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Non-Surgical Periodontal Service</b>			
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	N/A	N/A
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis	N/A	<a href="#">Full Mouth Debridement</a>
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>
<b>Other Periodontal Services</b>			
D4910	Periodontal maintenance	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	N/A
D4921	Gingival irrigation with a medicinal agent – per quadrant	N/A	<a href="#">Non-Surgical Periodontal Therapy</a>

## Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>			
D5110	Complete denture – maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5120	Complete denture – mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5130	Immediate denture – maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5140	Immediate denture – mandibular	N/A	<a href="#">Removable Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5225	Maxillary partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	<a href="#">Removable Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5226	Mandibular partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/ clasping materials, rests, and teeth)	N/A	<a href="#">Removable Prosthodontics</a>
D5286	Removable unilateral partial denture – one piece resin (including retentive/ clasping materials, rests, and teeth) – per quadrant	N/A	<a href="#">Removable Prosthodontics</a>
<b>Adjustments to Dentures</b>			
D5410	Adjust complete denture – maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5411	Adjust complete denture – mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5421	Adjust partial denture – maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5422	Adjust partial denture – mandibular	N/A	<a href="#">Removable Prosthodontics</a>
<b>Repairs to Complete Dentures</b>			
D5511	Repair broken complete denture base, mandibular	N/A	<a href="#">Removable Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Repairs to Complete Dentures</b>			
D5512	Repair broken complete denture base, maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5520	Replace missing or broken teeth – complete denture – per tooth	N/A	<a href="#">Removable Prosthodontics</a>
<b>Repairs to Partial Dentures</b>			
D5611	Repair resin partial denture base, mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5612	Repair resin partial denture base, maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5621	Repair cast partial framework, mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5622	Repair cast partial framework, maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5630	Repair or replace broken clasp	N/A	<a href="#">Removable Prosthodontics</a>
D5640	Replace missing or broken teeth – partial denture – per tooth	N/A	<a href="#">Removable Prosthodontics</a>
D5650	Add tooth to existing partial denture – per tooth	N/A	<a href="#">Removable Prosthodontics</a>
D5660	Add clasp to existing partial denture	N/A	<a href="#">Removable Prosthodontics</a>
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	N/A	<a href="#">Removable Prosthodontics</a>
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	N/A	<a href="#">Removable Prosthodontics</a>
<b>Denture Rebase Procedures</b>			
D5710	Rebase complete maxillary denture	N/A	<a href="#">Removable Prosthodontics</a>
D5711	Rebase complete mandibular denture	N/A	<a href="#">Removable Prosthodontics</a>
D5720	Rebase maxillary partial denture	N/A	<a href="#">Removable Prosthodontics</a>
D5721	Rebase mandibular partial denture	N/A	<a href="#">Removable Prosthodontics</a>
D5725	Rebase hybrid prosthesis	N/A	<a href="#">Removable Prosthodontics</a>
<b>Denture Reline Procedures</b>			
D5730	Reline complete maxillary denture (direct)	N/A	<a href="#">Removable Prosthodontics</a>
D5731	Reline complete mandibular denture (direct)	N/A	<a href="#">Removable Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Denture Reline Procedures</b>			
D5740	Reline maxillary partial denture (direct)	N/A	<a href="#">Removable Prosthodontics</a>
D5741	Reline mandibular partial denture (direct)	N/A	<a href="#">Removable Prosthodontics</a>
D5750	Reline complete maxillary denture (indirect)	N/A	<a href="#">Removable Prosthodontics</a>
D5751	Reline complete mandibular denture (indirect)	N/A	<a href="#">Removable Prosthodontics</a>
D5760	Reline maxillary partial denture (indirect)	N/A	<a href="#">Removable Prosthodontics</a>
D5761	Reline mandibular partial denture (indirect)	N/A	<a href="#">Removable Prosthodontics</a>
D5765	Soft liner for complete or partial removable denture – indirect	N/A	<a href="#">Removable Prosthodontics</a>
<b>Interim Prosthesis</b>			
D5810	Interim complete denture (maxillary)	N/A	<a href="#">Removable Prosthodontics</a>
D5811	Interim complete denture (mandibular)	N/A	<a href="#">Removable Prosthodontics</a>
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary; Includes any necessary clasps and rests.	N/A	<a href="#">Removable Prosthodontics</a>
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	N/A	<a href="#">Removable Prosthodontics</a>
<b>Other Removable Prosthetic Services</b>			
D5850	Tissue conditioning, maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5851	Tissue conditioning, mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5862	Precision attachment, by report	Narrative of necessity	<a href="#">Removable Prosthodontics</a>
D5863	Overdenture – complete maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5864	Overdenture – partial maxillary	N/A	<a href="#">Removable Prosthodontics</a>
D5865	Overdenture – complete mandibular	N/A	<a href="#">Removable Prosthodontics</a>
D5866	Overdenture – partial mandibular	N/A	<a href="#">Removable Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	N/A	<a href="#">Removable Prosthodontics</a>
D5875	Modification of removable prosthesis following implant surgery	N/A	<a href="#">Removable Prosthodontics</a>
D5876	Add metal substructure to acrylic full denture (per arch)	N/A	<a href="#">Removable Prosthodontics</a>

## Maxillofacial Prosthetics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
D5911	Facial moulage (sectional)	N/A	N/A
D5912	Facial moulage (complete)	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5913	Nasal prosthesis	N/A	N/A
D5915	Orbital prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5916	Ocular prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5919	Facial prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5922	Nasal septal prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5923	Ocular prosthesis, interim	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5924	Cranial prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
D5925	Facial augmentation implant prosthesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5926	Nasal prosthesis, replacement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5927	Auricular prosthesis, replacement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5928	Orbital prosthesis, replacement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5929	Facial prosthesis, replacement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5931	Obturator prosthesis, surgical	N/A	N/A
D5932	Obturator prosthesis, definitive	N/A	N/A
D5933	Obturator prosthesis, modification	N/A	N/A
D5934	Mandibular resection prosthesis with guide flange	N/A	N/A
D5935	Mandibular resection prosthesis without guide flange	N/A	N/A
D5936	Obturator prosthesis, interim	N/A	N/A
D5937	Trismus appliance (not for TMD treatment)	N/A	N/A
D5951	Feeding aid	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5952	Speech aid prosthesis, pediatric	N/A	N/A
D5953	Speech aid prosthesis, adult	N/A	N/A
D5954	Palatal augmentation prosthesis	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
D5955	Palatal lift prosthesis, definitive	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5958	Palatal lift prosthesis, interim	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5959	Palatal lift prosthesis, modification	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5960	Speech aid prosthesis, modification	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5982	Surgical stent	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5983	Radiation carrier	N/A	N/A
D5984	Radiation shield	N/A	N/A
D5985	Radiation cone locator	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D5986	Fluoride gel carrier	N/A	N/A
D5987	Commissure splint	N/A	N/A
D5988	Surgical splint	N/A	N/A
D5991	Vesiculobullous disease medicament carrier	N/A	N/A
D5992	Adjust maxillofacial prosthetic appliance, by report	N/A	N/A
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	N/A	N/A
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/A	N/A

## Fixed Prosthodontics

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Fixed Partial Denture Pontics</b>			
D6205	Pontic – indirect resin based composite	N/A	<a href="#">Fixed Prosthodontics</a>
D6210	Pontic – cast high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6211	Pontic – cast predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6212	Pontic – cast noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6214	Pontic – titanium	N/A	<a href="#">Fixed Prosthodontics</a>
D6240	Pontic – porcelain fused to high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6241	Pontic – porcelain fused to predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6242	Pontic – porcelain fused to noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6243	Pontic – porcelain fused to titanium and titanium alloys	N/A	<a href="#">Fixed Prosthodontics</a>
D6245	Pontic – porcelain/ceramic	N/A	<a href="#">Fixed Prosthodontics</a>
D6250	Pontic – resin with high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6251	Pontic – resin with predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6252	Pontic – resin with noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6253	Interim pontic – further treatment of completion of diagnosis necessary prior to final impression	N/A	<a href="#">Fixed Prosthodontics</a>
<b>Fixed Partial Denture Retainers- Inlays/Onlays</b>			
D6545	Retainer – cast metal for resin bonded fixed prosthesis	N/A	<a href="#">Fixed Prosthodontics</a>
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	N/A	<a href="#">Fixed Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Fixed Partial Denture Retainers- Inlays/Onlays</b>			
D6549	Resin retainer – for resin bonded fixed prosthesis	N/A	<a href="#">Fixed Prosthodontics</a>
D6600	Retainer Inlay – porcelain/ceramic, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6602	Retainer Inlay – cast high noble metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6603	Retainer Inlay – cast high noble metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6604	Retainer Inlay – cast predominantly base metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6606	Retainer Inlay – cast noble metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6607	Retainer Inlay – cast noble metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6624	Retainer inlay – titanium	N/A	<a href="#">Fixed Prosthodontics</a>
D6608	Retainer Onlay – porcelain/ceramic, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6609	Retainer Onlay – porcelain/ceramic, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6610	Retainer onlay – cast high noble metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6611	Retainer onlay – cast high noble metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6612	Retainer onlay – cast predominantly base metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6614	Retainer onlay – cast noble metal, two surfaces	N/A	<a href="#">Fixed Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Fixed Partial Denture Retainers- Inlays/Onlays</b>			
D6615	Retainer onlay – cast noble metal, three or more surfaces	N/A	<a href="#">Fixed Prosthodontics</a>
D6634	Retainer Onlay – titanium	N/A	<a href="#">Fixed Prosthodontics</a>
<b>Fixed Partial Denture Retainers- Crowns</b>			
D6710	Retainer crown – indirect resin based composite	N/A	<a href="#">Fixed Prosthodontics</a>
D6720	Retainer crown – resin with high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6721	Retainer crown – resin with predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6722	Retainer crown – resin with noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6740	Retainer crown – porcelain/ceramic	N/A	<a href="#">Fixed Prosthodontics</a>
D6750	Retainer crown – porcelain fused to high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6751	Retainer crown – porcelain fused to predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6752	Retainer crown – porcelain fused to noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	N/A	<a href="#">Fixed Prosthodontics</a>
D6780	Retainer crown – 3/4 cast high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6781	Retainer crown – 3/4 cast predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6782	Retainer crown – 3/4 cast noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6783	Retainer crown – 3/4 porcelain/ceramic	N/A	<a href="#">Fixed Prosthodontics</a>
D6784	Retainer crown 3/4 – titanium and titanium alloys	N/A	<a href="#">Fixed Prosthodontics</a>
D6790	Retainer crown – full cast high noble metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6791	Retainer crown – full cast predominantly base metal	N/A	<a href="#">Fixed Prosthodontics</a>
D6792	Retainer crown – full cast noble metal	N/A	<a href="#">Fixed Prosthodontics</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Fixed Partial Denture Retainers- Crowns</b>			
D6794	Retainer crown – titanium and titanium alloys	N/A	<a href="#">Fixed Prosthodontics</a>
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	N/A	<a href="#">Fixed Prosthodontics</a>
<b>Other Fixed Partial Denture Services</b>			
D6920	Connector bar	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs</li> <li>Narrative of necessity</li> </ul>	<a href="#">Fixed Prosthodontics</a>
D6930	Re-cement or re-bond fixed partial denture	N/A	<a href="#">Fixed Prosthodontics</a>
D6980	Fixed partial denture repair necessitated by restorative material failure	Narrative of necessity	<a href="#">Fixed Prosthodontics</a>

## Oral and Maxillofacial Surgery

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>			
D7111	Extraction, coronal remnants – deciduous tooth	N/A	<a href="#">Non-Surgical Extractions</a>
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	<a href="#">Non-Surgical Extractions</a>
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	N/A	<a href="#">Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots</a>
D7220	Removal of impacted tooth – soft tissue	<ul style="list-style-type: none"> <li>Current dated pre-operative panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7230	Removal of impacted tooth – partially bony	<ul style="list-style-type: none"> <li>Current dated pre-operative panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7240	Removal of impacted tooth – completely bony	<ul style="list-style-type: none"> <li>Current dated pre-operative panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	<ul style="list-style-type: none"> <li>Current dated pre-operative panoramic radiograph</li> <li>Narrative of necessity</li> <li>Description of complications</li> </ul>	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7250	surgical removal of residual tooth roots (cutting procedure)	N/A	<a href="#">Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>			
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	N/A	<a href="#">Surgical Extraction of Impacted Teeth</a>
<b>Other Surgical Procedures</b>			
D7259	Nerve dissection	N/A	<a href="#">Surgical Extraction of Impacted Teeth</a>
D7260	Oroantral fistula closure	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7261	Primary closure of a sinus perforation	<ul style="list-style-type: none"> <li>Current dated radiograph of area</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7280	Surgical access of an unerupted tooth	N/A	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	N/A	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7283	Placement of device to facilitate eruption of impacted tooth	N/A	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7284	Excisional biopsy of minor salivary glands	N/A	N/A
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	N/A	N/A
D7286	Incisional biopsy of oral tissue – soft	N/A	N/A
D7287	Exfoliative cytological sample collection	N/A	N/A
D7288	Brush biopsy – transepithelial sample collection	N/A	<a href="#">Miscellaneous Diagnostic Procedures</a>
D7290	Surgical repositioning of teeth	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	<ul style="list-style-type: none"> <li>Current dated full arch radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Surgical Procedures</b>			
D7293	Placement of temporary anchorage device requiring flap	<ul style="list-style-type: none"> <li>Current dated full arch radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7294	Placement of temporary anchorage device without flap	<ul style="list-style-type: none"> <li>Current dated full arch radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7295	Harvest of bone for use in autogenous grafting procedure	Narrative of necessity	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	<ul style="list-style-type: none"> <li>Current dated full arch radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	<ul style="list-style-type: none"> <li>Current dated full arch radiograph</li> <li>Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	Narrative of necessity	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7299	Removal of temporary anchorage device, requiring flap	Narrative of necessity	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7300	Removal of temporary anchorage device without flap	Narrative of necessity	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
<b>Alveoloplasty- Preparation of Ridge</b>			
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
<b>Vestibuloplasty</b>			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Vestibuloplasty</b>			
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	N/A	<a href="#">Oral Surgery: Alveoloplasty and Vestibuloplasty</a>
<b>Excision of Soft Tissue Lesions</b>			
D7410	Excision of benign lesion up to 1.25 cm	N/A	N/A
D7411	Excision of benign lesion greater than 1.25 cm	N/A	N/A
D7412	Excision of benign lesion, complicated	N/A	N/A
D7413	Excision of malignant lesion up to 1.25 cm	N/A	N/A
D7414	Excision of malignant lesion greater than 1.25 cm	N/A	N/A
D7415	Excision of malignant lesion, complicated	N/A	N/A
D7465	Destruction of lesion(s) by physical or chemical method, by report	N/A	N/A
<b>Excision of Intra-Osseous Lesions</b>			
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	N/A	N/A
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	N/A	N/A
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Excision of Bone Tissue</b>			
D7471	Removal of lateral exostosis (maxilla or mandible)	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7472	Removal of torus palatinus	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7473	Removal of torus mandibularis	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7485	Reduction of osseous tuberosity	N/A	N/A
D7490	Radical resection of maxilla or mandible	N/A	N/A
<b>Surgical Incision</b>			
D7509	Marsupialization of odontogenic cyst	N/A	N/A
D7510	Incision and drainage of abscess – intraoral soft tissue	N/A	N/A
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A
D7520	Incision and drainage of abscess – extraoral soft tissue	N/A	N/A
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	N/A	N/A
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	N/A	N/A
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	N/A	N/A
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	N/A	N/A
<b>Treatment of Closed Fractures</b>			
D7610	Maxilla – open reduction (teeth immobilized, if present)	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Treatment of Closed Fractures</b>			
D7620	Maxilla – closed reduction (teeth immobilized, if present)	N/A	N/A
D7630	Mandible – open reduction (teeth immobilized, if present)	N/A	N/A
D7640	Mandible – closed reduction (teeth immobilized, if present)	N/A	N/A
D7650	Malar and/or zygomatic arch – open reduction	N/A	N/A
D7660	Malar and/or zygomatic arch – closed reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7670	Alveolus – closed reduction, may include stabilization of teeth	N/A	N/A
D7671	Alveolus – open reduction, may include stabilization of teeth	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
<b>Treatment of Open Fractures</b>			
D7710	Maxilla – open reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7720	Maxilla – closed reduction	N/A	N/A
D7730	Mandible – open reduction	N/A	N/A
D7740	Mandible – closed reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7750	Malar and/or zygomatic arch – open reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7760	Malar and/or zygomatic arch – closed reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Treatment of Open Fractures</b>			
D7770	Alveolus – open reduction stabilization of teeth	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7771	Alveolus, closed reduction stabilization of teeth	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7780	Facial bones – complicated reduction with fixation and multiple approaches	N/A	N/A
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (Only for plans that include TMJ coverage)</b>			
D7810	Open reduction of dislocation	N/A	N/A
D7820	Closed reduction of dislocation	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7830	Manipulation under anesthesia	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7840	Condylectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7850	Surgical discectomy, with/without implant	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7852	Disc repair	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7854	Synovectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7856	Myotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (Only for plans that include TMJ coverage)</b>			
D7858	Joint reconstruction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7860	Arthrotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7865	Arthroplasty	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7870	Arthrocentesis	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7871	Non-arthroscopic lysis and lavage	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7872	Arthroscopy – diagnosis, with or without biopsy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7873	Arthroscopy: lavage and lysis of adhesions	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7874	Arthroscopy: disc repositioning and stabilization	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7875	Arthroscopy: synovectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7876	Arthroscopy: discetomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (Only for plans that include TMJ coverage)</b>			
D7877	Arthroscopy: debridement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7880	Occlusal orthotic device, by report	<ul style="list-style-type: none"> <li>• TMJ radiographs</li> <li>• Narrative of necessity</li> </ul>	N/A
D7881	Occlusal orthotic device adjustment	N/A	N/A
<b>Repair of Traumatic Wounds</b>			
D7910	Suture of recent small wounds up to 5 cm	N/A	N/A
<b>Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)</b>			
D7911	Complicated suture – up to 5 cm	N/A	N/A
D7912	Complicated suture – greater than 5 cm	N/A	N/A
<b>Other Repair Procedures</b>			
D7953	Bone replacement graft for ridge preservation – per site	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated radiograph of area</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current dated radiograph of area</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a>
D7961	Buccal/labial frenectomy (frenulectomy)	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7962	Lingual frenectomy (frenulectomy)	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7963	Frenuloplasty	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7970	Excision of hyperplastic tissue – per arch	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7971	Excision of pericoronal gingiva	N/A	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>
D7972	Surgical reduction of fibrous tuberosity	<ul style="list-style-type: none"> <li>• Current dated radiographs and/or photographs of area</li> <li>• Narrative of necessity</li> </ul>	<a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Other Repair Procedures</b>			
D7979	Non-surgical sialolithotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7980	Surgical sialolithotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7981	Excision of salivary gland, by report	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7982	Sialodochoplasty	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7983	Closure of salivary fistula	N/A	<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>
D7990	Emergency tracheotomy	N/A	N/A
D7991	Coronoidectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7995	Synthetic graft – mandible or facial bones, by report	N/A	N/A
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	N/A	<a href="#">Oral Surgery: Orthodontic Related Procedures</a>
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	N/A	N/A

## Adjunctive General Services

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Unclassified Treatment</b>			
D9110	Palliative (emergency) treatment of dental pain – minor procedure	N/A	N/A
D9120	Fixed partial denture sectioning	N/A	N/A
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> <li>• Modalities used</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Anesthesia</b>			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	N/A	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9211	Regional block anesthesia	N/A	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9212	Trigeminal division block anesthesia	N/A	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	N/A	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9222	Deep sedation/general anesthesia – first 15 minutes	<ul style="list-style-type: none"> <li>Anesthesia/sedation record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9223	Deep sedation/general anesthesia – each 15 minute increment	<ul style="list-style-type: none"> <li>Anesthesia/sedation record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	Narrative of necessity	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	<ul style="list-style-type: none"> <li>Anesthesia/sedation record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	<ul style="list-style-type: none"> <li>Anesthesia/sedation record including start time and stop time</li> <li>Narrative of necessity</li> </ul>	<a href="#">General Anesthesia and Conscious Sedation Services</a>
D9248	Non-intravenous conscious sedation	Narrative of necessity	<a href="#">General Anesthesia and Conscious Sedation Services</a>
<b>Professional Consultation</b>			
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	N/A	N/A
<b>Professional Visits</b>			
D9410	House/extended care facility call	N/A	N/A
D9420	Hospital or ambulatory surgical center call	N/A	N/A
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	N/A	N/A

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Professional Visits</b>			
D9440	Office visit – after regularly scheduled hours	N/A	N/A
<b>Drugs</b>			
D9610	Therapeutic parenteral drug, single administration	N/A	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N/A	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9630	Drugs or medicaments dispensed in the office for home use	N/A	<a href="#">In-Office Drug Administration and Dispensing of Medications</a>
<b>Miscellaneous Services</b>			
D9910	Application of desensitizing medicament	N/A	<a href="#">Application of Desensitizing Medicaments and Resins</a>
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/A	<a href="#">Application of Desensitizing Medicaments and Resins</a>
D9920	Behavior management, by report	Narrative of necessity	N/A
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous or anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D9932	Cleaning and inspection of removable complete denture, maxillary	N/A	N/A
D9933	Cleaning and inspection of removable complete denture, mandibular	N/A	N/A
D9934	Cleaning and inspection of removable partial denture, maxillary	N/A	N/A
D9935	Cleaning and inspection of removable partial denture, mandibular	N/A	N/A
D9941	Fabrication of athletic mouthguard	N/A	N/A
D9942	Repair and/or reline of occlusal guard	N/A	<a href="#">Occlusal Guards</a>
D9943	Occlusal guard adjustment	N/A	<a href="#">Occlusal Guards</a>

CDT Code	Code Description	Documentation Requirements	Related Dental Policy
<b>Miscellaneous Services</b>			
D9944	Occlusal guard – hard appliance, full arch	<ul style="list-style-type: none"> <li>Current dated full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9945	Occlusal guard – soft appliance, full arch	<ul style="list-style-type: none"> <li>Current dated full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9946	Occlusal guard – hard appliance, partial arch	<ul style="list-style-type: none"> <li>Current dated full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<a href="#">Occlusal Guards</a>
D9947	Custom sleep apnea appliance fabrication and placement	N/A	N/A
D9948	Adjustment of custom sleep apnea appliance	N/A	N/A
D9949	Repair of custom sleep apnea appliance	N/A	N/A
D9953	Reline custom sleep apnea appliance (indirect)	N/A	N/A
D9950	Occlusion analysis – mounted case	N/A	N/A
D9951	Occlusal adjustment – limited	N/A	N/A
D9952	Occlusal adjustment – complete	N/A	N/A
<b>Non-Clinical Procedures</b>			
D9995	Teledentistry – synchronous; real-time encounter	N/A	N/A
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	N/A	N/A

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## Guideline History/Revision Information

Date	Summary of Changes
05/01/2025	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>National Standardized Dental Claim Review Guidelines (for Medicare Advantage Plans Only)</i></li> </ul> <p><b>Instructions for Use</b></p> <ul style="list-style-type: none"> <li>Replaced language stating: <ul style="list-style-type: none"> <li>“This <i>Utilization</i> Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare Medicare <i>Advantage</i> Dental Plans <b>and includes only the CDT codes for which clinical documentation is required</b>, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee” with “this <i>Dental Claim</i> Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare Medicare Dental Plans; <b>[it] includes only the CDT codes that are within the scope of the UnitedHealthcare Medicare Dental Plan</b>, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee”</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ “<i>Specific plan coverage, exclusions, or limitations of the Level 1, Level 6 F, Level 6 S Platforms, and Platinum Riders will supersede these criteria</i>” with “<i>plan coverage, exclusions, or limitations of the member’s specific Medicare Advantage, Special Needs Plans, or Medicare-Medicaid combination product will supersede these criteria; refer to the certificate of coverage for a list of covered services</i>”</li> </ul> <p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>● Revised list of applicable CDT codes: <ul style="list-style-type: none"> <li><b>Diagnostic</b></li> <li><b>Clinical Oral Evaluations</b> <ul style="list-style-type: none"> <li>○ Added D0120, D0140, D0145, D0150, D0160, D0170, D0171, and D0180</li> </ul> </li> <li><b>Pre-Diagnostic Services</b> <ul style="list-style-type: none"> <li>○ Added D0190 and D0191</li> </ul> </li> <li><b>Diagnostic Imaging: Image Capture with Interpretation</b> <ul style="list-style-type: none"> <li>○ Added D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0273, D0274, D0277, D0310, D0320, D0322, D0330, D0340, D0350, D0364, D0365, D0366, D0367, D0368, D0369, D0370, D0371, D0372, D0373, and D0374</li> <li>○ Removed documentation requirements for D0364, D0365, D0366, D0367, and D0368</li> </ul> </li> <li><b>Diagnostic Imaging: Image Capture Only</b> <ul style="list-style-type: none"> <li>○ Added D0380, D0381, D0382, D0383, D0384, D0385, D0386, D0387, D0388, D0389, D0701, D0702, D0703, D0705, D0706, D0707, D0708, and D0709</li> <li>○ Removed D0384</li> </ul> </li> <li><b>Interpretation and Report Only</b> <ul style="list-style-type: none"> <li>○ Added D0391</li> </ul> </li> <li><b>Diagnostic Imaging: Post Processing of Image or Image Sets</b> <ul style="list-style-type: none"> <li>○ Added D0393, D0394, and D0395</li> </ul> </li> <li><b>Tests and Examinations</b> <ul style="list-style-type: none"> <li>○ Added 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, and D0603</li> <li>○ Removed D0393, D0394, and D0395</li> </ul> </li> <li><b>Preventive</b></li> <li><b>Dental Prophylaxis</b> <ul style="list-style-type: none"> <li>○ Added D1110 and D1120</li> </ul> </li> <li><b>Topical Fluoride Treatment (Office Procedure)</b> <ul style="list-style-type: none"> <li>○ Added D1206 and D1208</li> </ul> </li> <li><b>Other Preventive Services</b> <ul style="list-style-type: none"> <li>○ Added D1310, D1320, D1321, D1351, D1352, D1353, D1354, and D1355</li> </ul> </li> <li><b>Restorative</b></li> <li><b>Resin-Based Composite Restorations – Direct</b> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D2390</li> </ul> </li> <li><b>Inlay/Onlay Restorations</b> <ul style="list-style-type: none"> <li>○ Added D2510, D2520, D2530, D2610, D2620, and D2630</li> <li>○ Revised documentation requirements for D2542, D2543, D2544, D2642, D2643, and D2644</li> </ul> </li> <li><b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b> <ul style="list-style-type: none"> <li>○ Added D2650, D2651, and D2652</li> <li>○ Revised documentation requirements for D2662, D2663, and D2664</li> </ul> </li> <li><b>Crowns – Single Restorations Only</b> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, and D2799</li> </ul> </li> <li><b>Other Restorative Services</b></li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Added D2910, D2915, D2920, D2921, D2928, D2929, D2930, D2931, D2932, D2933, D2934, D2940, D2951, D2955, D2956, D2957, D2971, D2975, D2980, D2981, D2982, D2989, D2990, and D2991</li> <li>○ Removed documentation requirements for D2949, D2950, D2952, D2953, and D2954</li> </ul> <p><b>Endodontics</b></p> <p><b>Pulp Capping</b></p> <ul style="list-style-type: none"> <li>○ Added D3110 and D3120</li> </ul> <p><b>Pulpotomy</b></p> <ul style="list-style-type: none"> <li>○ Added D3220, D3221, and D3222</li> </ul> <p><b>Endodontic Therapy on Primary Teeth</b></p> <ul style="list-style-type: none"> <li>○ Added D3230 and D3240</li> </ul> <p><b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures, and Follow-Up Care)</b></p> <ul style="list-style-type: none"> <li>○ Added D3310, D3320, D3330, D3331, D3332, and D3333</li> </ul> <p><b>Apexification/Recalcification</b></p> <ul style="list-style-type: none"> <li>○ Added D3351, D3352, and D3353</li> </ul> <p><b>Pulpal Regeneration</b></p> <ul style="list-style-type: none"> <li>○ Added D3355, D3356, and D3357</li> </ul> <p><b>Apicoectomy/Periradicular Services</b></p> <ul style="list-style-type: none"> <li>○ Added D3428, D3429, D3430, D3431, D3432, D3470, D3501, D3502, and D3503</li> <li>○ Removed documentation requirements for D3410, D3421, D3425, D3426, D3471, D3472, and D3473</li> </ul> <p><b>Periodontics</b></p> <p><b>Surgical Services (Including Usual Postoperative Care)</b></p> <ul style="list-style-type: none"> <li>○ Added D4210, D4211, D4212, D4240, D4241, D4245, D4265, and D4286</li> <li>○ Revised documentation requirements for D4261 and D4263</li> </ul> <p><b>Non-Surgical Periodontal Service</b></p> <ul style="list-style-type: none"> <li>○ Added D4322, D4323, D4346, and D4355</li> <li>○ Revised documentation requirements for D4341, D4342, and D4381</li> </ul> <p><b>Other Periodontal Services</b></p> <ul style="list-style-type: none"> <li>○ Added D4920 and D4921</li> <li>○ Removed documentation requirements for D4910</li> </ul> <p><b>Removable Prosthodontics</b></p> <p><b>Complete Dentures (Including Routine Post-Delivery Care)</b></p> <ul style="list-style-type: none"> <li>○ Added D5110, D5120, D5130, and D5140</li> </ul> <p><b>Partial Dentures (Including Routine Post-Delivery Care)</b></p> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, and D5286</li> </ul> <p><b>Adjustments to Dentures</b></p> <ul style="list-style-type: none"> <li>○ Added D5410, D5411, D5421, and D5422</li> </ul> <p><b>Repairs to Complete Dentures</b></p> <ul style="list-style-type: none"> <li>○ Added D5511, D5512, and D5520</li> </ul> <p><b>Repairs to Partial Dentures</b></p> <ul style="list-style-type: none"> <li>○ Added D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, and D5671</li> </ul> <p><b>Denture Rebase Procedures</b></p> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D5710, D5711, D5720, D5721, and D5725</li> </ul> <p><b>Denture Reline Procedures</b></p> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, and D5765</li> </ul> <p><b>Interim Prosthesis</b></p> <ul style="list-style-type: none"> <li>○ Removed documentation requirements for D5810, D5811, D5820, and D5821</li> </ul> <p><b>Other Removable Prosthetic Services</b></p> <ul style="list-style-type: none"> <li>○ Added D5850, D5851, D5862, D5867, D5875, and D5876</li> <li>○ Removed documentation requirements for D5863, D5864, D5865, and D5866</li> </ul>

Date	Summary of Changes
	<p><b>Maxillofacial Prosthetics</b></p> <ul style="list-style-type: none"> <li>○ Added D5911, D5913, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5937, D5952, D5953, D5954, D5984, D5987, D5988, D5992, D5995, and D5996</li> <li>○ Revised documentation requirements for D5915 and D5916</li> <li>○ Removed documentation requirements for D5983, D5996, and D5993</li> </ul> <p><b>Fixed Prosthodontics</b></p> <p><b>Fixed Partial Denture Pontics</b></p> <ul style="list-style-type: none"> <li>○ Added D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, and D6253</li> </ul> <p><b>Fixed Partial Denture Retainers – Inlays/Onlays</b></p> <ul style="list-style-type: none"> <li>○ Added D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, and D6634</li> </ul> <p><b>Fixed Partial Denture Retainers – Crowns</b></p> <ul style="list-style-type: none"> <li>○ Added D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6793, and D6794</li> </ul> <p><b>Other Fixed Partial Denture Services</b></p> <ul style="list-style-type: none"> <li>○ Added D6930</li> <li>○ Removed D6940 and D6950</li> </ul> <p><b>Oral and Maxillofacial Surgery</b></p> <p><b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b></p> <ul style="list-style-type: none"> <li>○ Added D7140, D7210, D7250, and D7251</li> <li>○ Revised documentation requirements for D7220, D7230, D7240, and D7241</li> </ul> <p><b>Other Surgical Procedures</b></p> <ul style="list-style-type: none"> <li>○ Added D7259, D7260, D7270, D7272, D7280, D7282, D7283, D7284, D7285, D7286, D7287, D7288, D7290, and D7291</li> <li>○ Revised documentation requirements for D7292, D7293, D7294, D7295, D7296, and D7297</li> </ul> <p><b>Alveoloplasty – Preparation of Ridge</b></p> <ul style="list-style-type: none"> <li>○ Added D7310, D7311, D7320, and D7321</li> </ul> <p><b>Vestibuloplasty</b></p> <ul style="list-style-type: none"> <li>○ Added D7340 and D7350</li> </ul> <p><b>Excision of Soft Tissue Lesions</b></p> <ul style="list-style-type: none"> <li>○ Added D7410, D7411, D7412, D7413, D7414, D7415, and D7465</li> </ul> <p><b>Excision of Intra-Osseous Lesions</b></p> <ul style="list-style-type: none"> <li>○ Added D7450, D7451, D7460, and D7461</li> </ul> <p><b>Excision of Bone Tissue</b></p> <ul style="list-style-type: none"> <li>○ Added D7471, D7472, D7473, D7485, and D7490</li> </ul> <p><b>Surgical Incision</b></p> <ul style="list-style-type: none"> <li>○ Added D7509, D7510, D7511, D7520, D7521, D7530, D7540, D7550, and D7560</li> </ul> <p><b>Treatment of Fractures</b></p> <ul style="list-style-type: none"> <li>○ Added D7610, D7620, D7630, D7640, D7650, D7670, D7720, and D7730</li> </ul> <p><b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (only for plans that include TMJ coverage)</b></p> <ul style="list-style-type: none"> <li>○ Added D7810 and D7881</li> </ul> <p><b>Other Repair Procedures</b></p> <ul style="list-style-type: none"> <li>○ Added D7910, D7911, D7912, D7953, D7961, D7962, D7963, D7970, D7971, D7982, D7983, D7990, D7991, D7995, D7997, and D7998</li> <li>○ Revised documentation requirements for D7956, D7957, and D7972</li> <li>○ Removed D7921, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7991, and D7984</li> </ul> <p><b>Adjunctive General Services</b></p> <p><b>Unclassified Treatment</b></p> <ul style="list-style-type: none"> <li>○ Added D9110 and D9120</li> </ul>

Date	Summary of Changes
	<p><b>Anesthesia</b></p> <ul style="list-style-type: none"> <li>○ Added D9210, D9211, D9212, and D9219</li> </ul> <p><b>Professional Consultation and Visits</b></p> <ul style="list-style-type: none"> <li>○ Added D9310, D9410, D9420, D9430, D9440, D9610, D9612, D9630, D9910, D9911, D9932, D9933, D9934, D9935, D9941, D9942, D9943, D9947, D9948, D9949, D9953, D9950, D9951, D9952, D9995, and D9996</li> <li>○ Revised documentation for D9930</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version DRG050.02</li> </ul>