

# National Standardized Dental Claim Utilization Review Guideline (for Medicare Advantage Plans Only)

**Guideline Number:** DURG050.01

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<b>Resource Tools</b>
None

## Instructions for Use

This Utilization Review Guideline is designed to provide guidance for the adjudication of claims for United Healthcare Medicare Advantage Dental Plans, and includes only the CDT codes for which clinical documentation is required with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee. Specific plan coverage, exclusions or limitations of the Level 1, Level 6 F, Level 6 S Platforms and Platinum Riders will supersede these criteria. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

**Notes:**

- For a full listing of Dental Clinical Policies and Coverage Guidelines, refer to UHCprovider.com > Menu > Policies and Protocols > [Dental Clinical Policies and Coverage Guidelines](#).
- For further CDT code description and information, please refer to the most current version of the CDT Dental Procedures Codes released by the American Dental Association (ADA).

## Documentation Requirements

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

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

# Diagnostic

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Diagnostic Imaging: Image Capture with Interpretation</b>			
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
<b>Diagnostic Imaging: Image Capture Only</b>			
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>
D0384	Cone beam CT image capture for TMJ series including two or more exposures	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Cone Beam Computed Tomography</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Diagnostic Imaging: Interpretation and Report Only</b>			
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
<b>Diagnostic Imaging: Post Processing of Image or Image Sets</b>			
D0393	Virtual treatment simulation using 3D image volume or surface scan	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
D0394	Digital subtraction of two or more images or image volumes of the same modality;	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A
D0395	Fusion of two or more 3D image volumes of one or more modalities	<ul style="list-style-type: none"> <li>Narrative of necessity including planned procedure</li> </ul>	N/A

## Restorative

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

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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Inlay/Onlay Restorations: Porcelain/Ceramic Inlays/Onlays Include all Indirect Ceramic and Porcelain Type Inlays/Onlays</b>			
D2610	Inlay - porcelain/ceramic - one surface	<ul style="list-style-type: none"> <li>Current, dated pre-operative radiograph of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2620	Inlay - porcelain/ceramic - two surfaces	<ul style="list-style-type: none"> <li>Current, dated pre-operative radiograph of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2630	Inlay - porcelain/ceramic - three or more surfaces	<ul style="list-style-type: none"> <li>Current, dated pre-operative radiograph of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2642	Onlay - porcelain/ceramic - two surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2643	Onlay - porcelain/ceramic - three surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2644	Onlay - porcelain/ceramic - four or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
<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</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
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</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
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</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>			
D2662	Onlay - resin-based composite - two surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2663	Onlay - resin-based composite - three surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2664	Onlay - resin-based composite - four or more surfaces	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
<b>Crowns – Single Restorations Only</b>			
D2710	Crown - resin-based composite (indirect)	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2712	Crown - 3/4 resin-based composite (indirect)	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2720	Crown - resin with high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2721	Crown - resin with predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2722	Crown - resin with noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2740	Crown - porcelain/ceramic	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2750	Crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2751	Crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2752	Crown - porcelain fused to noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2753	Crown – porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2780	Crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2781	Crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2782	Crown - 3/4 cast noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2783	Crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2790	Crown - full cast high noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2791	Crown - full cast predominantly base metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2792	Crown - full cast noble metal	<ul style="list-style-type: none"> <li>• Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li>• <a href="#">Single Tooth Indirect Restorations</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Crowns – Single Restorations Only</b>			
D2794	Crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>Current dated pre-operative bitewing radiographs of teeth</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>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
D2799	Interim crown-further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative that states what further treatment or diagnosis is medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Single Tooth Indirect Restorations</a></li> </ul>
<b>Other Restorative Services</b>			
D2949	Restorative foundation for an indirect restoration	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>
D2950	Core buildup, including any pins when required	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>
D2952	Post and core in addition to crown, indirectly fabricated	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative indicating completed root canal therapy</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>
D2953	Each additional indirectly fabricated post - same tooth	<ul style="list-style-type: none"> <li>Current dated pre-operative radiographs of teeth</li> <li>Narrative indicating completed root canal therapy</li> <li>Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Restorative Services</b>			
D2954	Prefabricated post and core in addition to crown	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> <li>• Narrative indicating completed root canal therapy</li> <li>• Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>
D2957	Each additional prefabricated post - same tooth	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs of teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Buildup, Post and Core and Pin Retention</a></li> </ul>

## Endodontics

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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Apicoectomy/Periradicular Services</b>			
D3472	Surgical repair of root resorption - premolar	<ul style="list-style-type: none"> <li>Narrative indicating history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
D3473	Surgical repair of root resorption - molar	<ul style="list-style-type: none"> <li>Narrative indicating history of root canal therapy</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>
<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>	<ul style="list-style-type: none"> <li><a href="#">Surgical Endodontics</a></li> </ul>

## Periodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
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>	<ul style="list-style-type: none"> <li><a href="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
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 tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> <li>History of previous non-surgical therapies</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
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 tooth/area of problem</li> <li>Complete 6-point periodontal charting</li> <li>Narrative of necessity</li> <li>History of previous non-surgical therapies</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Periodontics: Resective Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li><a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li><a href="#">Bone Replacement Grafts</a></li> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> </ul>
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>	<ul style="list-style-type: none"> <li><a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li><a href="#">Bone Replacement Grafts</a></li> <li><a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4265	Biologic materials to aid in soft and osseous tissue regeneration, 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>• Documentation of name of material used.</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Biologic Materials for Soft and Hard Tissue Regeneration</a></li> <li>• <a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a></li> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Resective Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
D4278	Free soft tissue graft procedure (including recipient and donor 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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>• <a href="#">Surgical Periodontics: Mucogingival Procedures</a></li> </ul>

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

## Removable Prosthodontics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/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)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5286	Removable unilateral partial denture – one piece resin (including retentive/ clasping materials, rests, and teeth) – per quadrant	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Denture Rebase Procedures</b>			
D5710	Rebase complete maxillary denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5711	Rebase complete mandibular denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5720	Rebase maxillary partial denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5721	Rebase mandibular partial denture	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5725	Rebase hybrid prosthesis	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Denture Reline Procedures</b>			
D5730	Reline complete maxillary denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5731	Reline complete mandibular denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5740	Reline maxillary partial denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Denture Reline Procedures</b>			
D5741	Reline mandibular partial denture (direct)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5750	Reline complete maxillary denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5751	Reline complete mandibular denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5760	Reline maxillary partial denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5761	Reline mandibular partial denture (indirect)	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5765	Soft liner for complete or partial removable denture - indirect	<ul style="list-style-type: none"> <li>Date of initial denture delivery</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Interim Prosthesis</b>			
D5810	Interim complete denture (maxillary)	<ul style="list-style-type: none"> <li>Narrative of medical necessary.</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5811	Interim complete denture (mandibular)	<ul style="list-style-type: none"> <li>Narrative of medical necessary.</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary; Includes any necessary clasps and rests.	<ul style="list-style-type: none"> <li>Narrative of medical necessary.</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	<ul style="list-style-type: none"> <li>Narrative of medical necessary.</li> <li>If extractions have not yet been performed: dates of planned extractions</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
<b>Other Removable Prosthetic Services</b>			
D5862	Precision attachment, by report	<ul style="list-style-type: none"> <li>Current, dated pre-operative radiograph of tooth</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5863	Overdenture - complete maxillary	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5864	Overdenture - partial maxillary	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5865	Overdenture - complete mandibular	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>
D5866	Overdenture - partial mandibular	<ul style="list-style-type: none"> <li>Documentation of all missing teeth and teeth planned for extraction</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Removable Prosthodontics</a></li> </ul>

## Maxillofacial Prosthetics

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5911	Facial moulage (sectional)	<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
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	<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
D5914	Auricular 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
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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
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
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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5931	Obturator prosthesis, surgical	<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
D5932	Obturator 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
D5933	Obturator 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
D5934	Mandibular resection prosthesis with guide flange	<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
D5935	Mandibular resection prosthesis without guide flange	<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
D5936	Obturator 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> <li>• Anticipated duration of use</li> </ul>	N/A
D5937	Trismus appliance (not for TMD treatment)	<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>• Measurement of maximum opening</li> </ul>	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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5952	Speech aid prosthesis, pediatric	<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
D5953	Speech aid prosthesis, adult	<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
D5954	Palatal augmentation 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
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> <li>• Anticipated duration of use</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

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Removable Prosthetic Services</b>			
D5984	Radiation shield	<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
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
D5987	Commissure splint	<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
D5988	Surgical splint	<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
D5992	Adjust maxillofacial prosthetic appliance, 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
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	<ul style="list-style-type: none"> <li>• Narrative explaining need for procedure</li> </ul>	N/A
<b>Carriers</b>			
D5983	Radiation carrier	<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	<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	Coverage Criteria/Related Dental Policy
<b>Carriers</b>			
D5991	Vesiculobullous disease medicament carrier	<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

## Fixed Prosthodontics

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



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Pontics</b>			
D6252	Pontic – resin with noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6253	Provisional pontic – further treatment of completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> <li>• Narrative that states what further treatment or diagnosis is medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<b>Fixed Partial Denture Retainers – Inlays/Onlays</b>			
D6545	Retainer – cast metal for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6549	Resin retainer – for resin bonded fixed prosthesis	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6600	Inlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6601	Inlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6602	Inlay – cast high noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6603	Inlay – cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6605	Inlay – cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6606	Inlay – cast noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6607	Inlay – cast noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6608	Onlay – porcelain/ceramic, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6609	Onlay – porcelain/ceramic, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Retainers – Inlays/Onlays</b>			
D6610	Retainer onlay - cast high noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6611	Retainer onlay - cast high noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6612	Retainer onlay - cast predominantly base metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6614	Retainer onlay - cast noble metal, two surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6615	Retainer onlay - cast noble metal, three or more surfaces	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6624	Retainer inlay - titanium	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6634	Retainer onlay - titanium	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<b>Fixed Partial Denture Retainers – Crowns</b>			
D6710	Retainer crown - indirect resin based composite	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6720	Retainer crown - resin with high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6721	Retainer crown - resin with predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6722	Retainer crown - resin with noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6740	Retainer crown - porcelain/ceramic	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6750	Retainer crown - porcelain fused to high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6751	Retainer crown - porcelain fused to predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Fixed Partial Denture Retainers – Crowns</b>			
D6752	Retainer crown - porcelain fused to noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6780	Retainer crown - 3/4 cast high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6781	Retainer crown - 3/4 cast predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6782	Retainer crown - 3/4 cast noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6783	Retainer crown - 3/4 porcelain/ceramic	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6784	Retainer crown 3/4 - titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6790	Retainer crown - full cast high noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6791	Retainer crown - full cast predominantly base metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6792	Retainer crown - full cast noble metal	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> <li>• Narrative that states what further treatment or diagnosis is medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6794	Retainer crown - titanium and titanium alloys	<ul style="list-style-type: none"> <li>• Full arch radiographs</li> <li>• Dental charting indicating missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
<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>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6940	Stress breaker	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>
D6950	Precision attachment	<ul style="list-style-type: none"> <li>• Current dated pre-operative radiographs</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fixed Prosthodontics</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Fixed Partial Denture Services</b>			
D6980	Fixed partial denture repair necessitated by restorative material failure	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fixed Prosthodontics</a></li> </ul>

## Oral and Maxillofacial Surgery

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)</b>			
D7220	Removal of impacted tooth – soft tissue	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7230	Removal of impacted tooth – partially bony	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7240	Removal of impacted tooth – completely bony	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	<ul style="list-style-type: none"> <li>Panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Surgical Extraction of Impacted Teeth</a></li> </ul>
<b>Other Surgical Procedures</b>			
D7261	Primary closure of a sinus perforation	<ul style="list-style-type: none"> <li>Current pre-operative panoramic radiograph</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7293	Placement of temporary anchorage device requiring flap	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7294	Placement of temporary anchorage device without flap	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7295	Harvest of bone for use in autogenous grafting procedure	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	<ul style="list-style-type: none"> <li>Current full mouth radiographs</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Surgical Procedures</b>			
D7299	Removal of temporary anchorage device, requiring flap	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
D7300	Removal of temporary anchorage device without flap	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Orthodontic Related Procedures</a></li> </ul>
<b>Excision of Soft Tissue Lesions</b>			
D7410	Excision of benign lesion up to 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7411	Excision of benign lesion greater than 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7412	Excision of benign lesion, complicated	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7413	Excision of malignant lesion up to 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7414	Excision of malignant lesion greater than 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7415	Excision of malignant lesion, complicated	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7465	Destruction of lesion(s) by physical or chemical method, by report	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Method of destruction</li> </ul>	N/A
<b>Excision of Intra-Osseous Lesions</b>			
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	N/A
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Cyst is not attached to or removed with tooth</li> <li>Size, color or consistency indicates need for pathology examination</li> </ul>
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Cyst is not attached to or removed with tooth</li> <li>Size, color or consistency indicates need for pathology examination</li> </ul>
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Presence of hard, attached or freely movable raised or erythematous lesion</li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Excision of Intra-Osseous Lesions</b>			
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Pathology report</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Presence of hard, attached or freely movable raised or erythematous lesion</li> </ul>
<b>Excision of Bone Tissue</b>			
D7490	Radical resection of maxilla or mandible	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
<b>Surgical Incision</b>			
D7509	Marsupialization of odontogenic cyst	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Narrative of necessity</li> </ul>	N/A
<b>Treatment of Fractures</b>			
D7610	-Maxilla - open reduction (teeth immobilized, if present)	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7620	Maxilla - closed reduction (teeth immobilized, if present)	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7630	Mandible - open reduction (teeth immobilized, if present)	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7640	Mandible - closed reduction (teeth immobilized, if present)	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7650	Malar and/or zygomatic arch - open reduction	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A
D7660	Malar and/or zygomatic arch - closed reduction	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous 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	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Previous anticipated surgical or nonsurgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Treatment of Fractures</b>			
D7671	Alveolus - open reduction, may include stabilization of teeth	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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 anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7710	Maxilla - open reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7720	Maxilla - closed reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7730	Mandible - open reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7740	Mandible - closed reduction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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 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 anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7770	Alveolus - open reduction stabilization of teeth	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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 anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Treatment of Fractures</b>			
D7780	Facial bones - complicated reduction with fixation and multiple approaches	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions</b>			
D7810	Open reduction of dislocation	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7820	Closed reduction of dislocation	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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 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 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 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 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 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 anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7858	Joint reconstruction	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A



CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions</b>			
D7860	Arthrotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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 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 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 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 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 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 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 anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7876	Arthroscopy: discectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7877	Arthroscopy: debridement	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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>	<ul style="list-style-type: none"> <li>• <a href="#">Occlusal Guards</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Repair Procedures</b>			
D7921	Collection and application of autologous blood concentrate product	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7940	Osteoplasty - for orthognathic deformities	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7941	Osteotomy - mandibular rami	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7943	Osteotomy - mandibular rami with bone graft	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7944	Osteotomy - segmented or subapical	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7945	Osteotomy - body of mandible	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7946	Lefort I (maxilla - total)	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7947	Lefort I (maxilla - segmented)	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7948	Lefort II or lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7949	Lefort II or lefort III - with bone graft; Includes obtaining autografts	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Repair Procedures</b>			
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bone Replacement Grafts</a></li> </ul>
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7952	Sinus augmentation via a vertical approach	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7953	Bone replacement graft for ridge preservation - per site	<ul style="list-style-type: none"> <li>• Current dated radiograph of the tooth to be extracted</li> <li>• Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bone Replacement Grafts</a></li> </ul>
D7955	Repair of maxillofacial soft and/or hard tissue defect	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	<ul style="list-style-type: none"> <li>• Current pre-operative radiograph of area</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D7957	Guided Tissue Regeneration, Edentulous Area - Non-Resorbable Barrier, Per Site	<ul style="list-style-type: none"> <li>• Current pre-operative radiograph of area</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Dental Barrier Membrane Guided Tissue Regeneration</a></li> </ul>
D7972	Surgical Reduction Of Fibrous Tuberosity	<ul style="list-style-type: none"> <li>• Radiographs of area</li> <li>• Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
D7979	Non - Surgical Sialolithotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Repair Procedures</b>			
D7980	Surgical Sialolithotomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7981	Excision Of Salivary Gland, By Report	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7982	Sialodochoplasty	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7983	Closure Of Salivary Fistula	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> </ul>
D7991	Coronoidectomy	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7993	Surgical Placement Of Craniofacial Implant - Extra Oral	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7994	Surgical Placement: Zygomatic Implant	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous 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	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Other Repair Procedures</b>			
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> </ul>	N/A

## Adjunctive General Services

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Unclassified Treatment</b>			
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous anticipated surgical or nonsurgical treatment</li> <li>• Narrative explaining need for procedure</li> <li>• Modalities used</li> </ul>	N/A
<b>Anesthesia</b>			
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/anoxiolysis, analgesia	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> </ul>	• <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	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> </ul>	• <a href="#">General Anesthesia and Conscious Sedation Services</a>
<b>Drugs</b>			
D9610	Therapeutic parenteral drug, single administration	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> <li>• Name of medication used and route of administration</li> </ul>	• <a href="#">In-Office Drug Administration and Dispensing of Medications</a>
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	<ul style="list-style-type: none"> <li>• Narrative of necessity</li> <li>• Name of medication used and route of administration</li> </ul>	• <a href="#">In-Office Drug Administration and Dispensing of Medications</a>

CDT Code	Code Description	Documentation Requirements	Coverage Criteria/Related Dental Policy
<b>Drugs</b>			
D9630	Drugs or medicaments dispensed in the office for home use	<ul style="list-style-type: none"> <li>Narrative of necessity</li> <li>Name of drug or medication</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">In-Office Drug Administration and Dispensing of Medications</a></li> </ul>
<b>Miscellaneous Services</b>			
D9920	behavior management, by report	<ul style="list-style-type: none"> <li>Narrative of necessity</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required</li> </ul>
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Associated surgical treatment</li> <li>Narrative explaining need for procedure</li> </ul>	<b>Coverage Criteria</b> <ul style="list-style-type: none"> <li>Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage)</li> </ul>
D9944	Occlusal Guard - Hard Appliance, Full Arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>
D9945	Occlusal Guard - Soft Appliance, Full Arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>
D9946	Occlusal Guard - Hard Appliance, Partial Arch	<ul style="list-style-type: none"> <li>Panoramic radiograph or full series</li> <li>Narrative of necessity</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Occlusal Guards</a></li> </ul>
D9947	Custom Sleep Apnea Appliance Fabrication And Placement	<ul style="list-style-type: none"> <li>Copy of medical diagnosis and sleep study</li> </ul>	N/A

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## Guideline History/Revision Information

Date	Summary of Changes
01/01/2024	<ul style="list-style-type: none"> <li>New Dental Utilization Review Guideline</li> </ul>