



Dental Clinical Policy

Subject: Claims and Pre-Determination
Submission Requirements

Guideline #: Admin-02
Status: Revised

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Description

UPDATED CDT CODES

Utilization Management performs claim and pre-determination review and benefit determination using clinical documentation submitted by dental practices. This document addresses the type and quality/adequacy of documentation required to facilitate review for generally accepted standards of care, contractual alignment, and correct CDT procedure coding.

Clinical Indications

Generally Accepted Standards of Care:

To establish rationale of generally accepted standards of care, accuracy of CDT coding, and contract alignment, certain radiographs, photographs may be requested for clarification, clinical chart notes, operative reports, exam forms, specialty referral forms, orthodontic indices, dental history, periodontal charting, narratives, pathology reports, and anesthesia records may be required.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Contract Alignment means certain contractual items (e.g., time limits, frequency of procedures, age limits, exclusions, etc.) are supported by the clinical and administrative documentation submitted by the practitioner's office.

CDT Coding accuracy means that current CDT Procedure Code(s) submitted for procedure(s) performed by the practitioner correspond with CDT Nomenclature and Descriptors. In August 2000 the CDT was designated by the federal government as the national terminology for reporting dental services on claims submitted to third party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dental services reported must utilize CDT Procedure coding and correspond with CDT Nomenclature and Descriptors.

Note:

Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Criteria

1. Submission of Radiographic Images, Requirement:
Radiographic images must be pre-treatment, current within 12 months, dated (acquisition date), properly mounted, labeled and properly oriented. The radiographic images must be of **diagnostic** quality (sufficient contrast and density with no geometric distortion). All periapical radiographic images must show the entire tooth structures (crown and root including the apex). Radiographic images cannot be faxed due to loss of diagnostic quality.
2. Clinical chart notes are acceptable only when the documentation adequately represents the clinical findings, diagnosis, treatment plan, and treatment rendered.
3. All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly, only in ink, and contain patient identification (i.e. claim number). Failure to provide legible records may result in postponement of determination of benefits and/or denial of payments. Clinical chart notes that are not legible must be transcribed, and both the original and transcription must be submitted.
4. Periodontal charting:
 - a. 6-point periodontal charting as described by the ADA and AAP
 - b. Labeled and dated (within 12 months of submitted procedure)
 - c. For surgical periodontal treatment, periodontal charting, after completion of non-surgical periodontal therapy, 4341/4342 and/or periodontal maintenance, D4910, is required.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Restorative Procedures		
Procedure Code	Description	Send with Claim/Pre-Determination
D2390	Resin Crown	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2510 – D2664	Inlays/Onlays	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.

D2710 –D2799, D2971	Crowns	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2710 –D2799	Crowns specific to third molars	Prior placement date, dated pre-operative periapical radiographic images must include bitewings and opposing arch. Current, dated periodontal charting upon request
D2928 –D2929	Prefabricated Ceramic Crowns	Dated pre-operative radiographic images
D2930 – D2934	Crowns (Stainless Steel)	Dated pre-operative radiographic images
D2940	Protective Restoration	Dated pre-operative radiographic images and chart notes
D2950, 2951	Build-ups, pins	Dated pre-operative radiographic images, and rationale for dental necessity and/or chart notes.
D2952-D2957	Posts and core	Dated pre-operative radiographic images for pre-determination and post-op RCT radiographs for claims, rationale for dental necessity and/or chart notes upon request.
D2960 – D2962	Veneers	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2980 – D2983	Crown Repair	Dated pre-operative radiographic images and chart notes/narrative
Endodontic Procedures		
Procedure Code	Description	Send with Claim/Pre-Determination
D3220 – D3240	Endodontic therapy	Dated pre-operative periapical radiographic images
D3310 – D3348	Endodontic Therapy	Dated pre and post-operative (for claims) periapical radiographic images
D3351 – D3353	Apexification / Recalcification	Dated pre-operative periapical radiographic images
D3355 – D3357	Pulpal Regeneration	Dated pre-operative periapical radiographic images and chart notes
D3410 – D3450	Apicoectomy / Periradicular Surgery	Dated pre-operative periapical radiographic images
D3470	Reimplantation	Dated pre-operative periapical radiographic Images
D3471 – D3473	Surgical repair of root resorption	Dated pre-operative periapical radiographic images
D3501 - D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption	Dated pre-operative radiographic images and chart notes/narrative
D3920	Hemisection	Dated pre and post-operative periapical radiographic Images

Periodontic Procedures		
Procedure Code	Description	Send with Claim/Pre-Determination
D4210 – D4211	Gingivectomy	Current, dated periodontal charting (pre and post-operative root planing), pre-operative radiographic images, progress or clinical chart notes upon request, intra-oral photographs may be requested for clarification upon request.
D4212	Gingivectomy / Gingivoplasty	Dated pre-operative periapical radiographic images and clinical chart notes, dated current periodontal charting and intra-oral photographs may be requested for clarification upon request
D4230 – D4231	Anatomical crown exposure	Pre-operative radiographic images, clinical chart notes, upon request, Narrative including dates of pre-operative root planing, Intra-oral photographs may be requested for clarification upon request Periodontal charting is not required.
D4240 – D4245	Flap procedures	Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, clinical chart notes upon request, narrative upon request
D4249, D4268	Crown Lengthening	Current, dated periodontal charting, dated pre-operative periapical and bitewing radiographic images, clinical chart notes upon request
D4260 – D4261	Osseous Surgery	Current, dated periodontal charting (pre and post root planing), pre-operative radiographic images, progress or clinical chart notes upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request
D4263 - D4264	Bone Grafts	Current, dated periodontal charting, Dated pre-operative periapical radiographic images, clinical chart notes upon request
D4265 – D4267	Tissue Regeneration	Current, dated periodontal charting, Dated pre-operative periapical radiographic images, clinical chart notes upon request
D4274	Distal Wedge Procedure	Current, dated periodontal charting, Dated pre-operative periapical radiographic images, clinical chart notes upon request
D4270 – D4285	Tissue grafts	Current, dated periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters), and intra-oral photographs may be requested for clarification. Dated pre-operative periapical radiographic image
D4341 – D4342	Scaling and Root Planing	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, clinical chart notes upon request; Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.
D4346	Scaling in presence of generalized moderate or severe inflammation	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, progress or clinical chart notes, and intra-oral photographs may be requested for clarification

D4355	Full Mouth Debridement	Dated pre-operative full mouth radiographic images, clinical chart notes, and intra-oral photographs may be requested for clarification
D4381	Local Delivery Antimicrobial Agent	Current, dated periodontal charting, history of periodontal therapy, pre-operative periapical radiographic images
D4910	Periodontal Maintenance	Current, dated periodontal charting Clinical chart notes/narrative regarding history of periodontal therapy
Removable Prosthodontics		
Procedure Code	Description	Send with Claim/Pre-Determination
D5110 – D5140 D5211 – 5226 D5282, D5283	Complete and Partial Denture Placement	Prior placement date, dated pre-operative full mouth radiographic images. Clinical chart notes and Current, dated periodontal charting upon request
D5410 – D5761	Additional Denture Codes	Narrative for necessity
D5982	Surgical Stent	Clinical chart notes, narrative for necessity.
Implant Procedures		
Procedure Code	Description	Send with Claim/Pre-Determination
D6010 – D6199 D3460	Implant Procedures	Dated Pre-operative full mouth radiographic images, Current, dated periodontal charting upon request
D6190	Radiographic / surgical implant Index	Narrative for necessity, clinical chart notes upon request.
Fixed Prosthodontics		
Procedure Code	Description	Send with Claim/Pre-Determination
D6205 – D6794	Bridge procedures	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D6920 – D6999	Bridge repairs & Misc. Procedures	Dated pre-operative radiographic images and clinical chart notes
Oral and Maxillofacial Surgery Procedures		
Procedure Code	Description	Send with Claim/Pre-Determination
D7210 – D7251	Surgical Extraction	Dated pre-operative radiographic images, clinical chart notes detailing rationale of care, and operative report. Medical EOB upon request.
D7260 – D7283 D7287 – D7291	Other Oral Surgery Procedures	Dated pre-operative radiographic images and clinical chart notes and operative report

D7270 – D7272	Reimplantation/ Transplantation	Dated pre-operative radiographic images and clinical chart notes and operative report
D7285 – D7286	Biopsies	Pathology Report, clinical chart notes and operative report. Radiographs upon request.
D7296, D7297	Corticotomy	Dated pre-operative radiographic images, clinical chart notes and operative clinical chart notes and operative report. Intra-oral photographs upon request
D7310 – D7321	Alveoloplasty	Dated pre-operative radiographic images, clinical chart notes and operative report.
D7410 – D7461	Surgical Excision (soft tissue)	Clinical chart notes and operative report. Intra-oral photographic Images upon request.
D7471 – D7490	Surgical Excision (hard tissue)	Dated pre-operative radiographic images, clinical chart notes, and operative report
D7510 - D7560	Surgical Incision/Incision and Drainage	Dated pre-operative radiographic images, clinical chart notes, and operative report
D7810 – D7877	TMJ Surgery	Appropriate radiographic images, clinical chart notes and operative report. Medical EOB upon request.
D7880 – D7881	Occlusal Device	Clinical chart notes, and operative report. Medical EOB upon request.
D7899	Unspecified TMD therapy by report	Appropriate radiographic images, clinical chart notes and operative report.
D7920 – D7951 D7970 – D7996	Other surgical Repairs	Dated pre-operative radiographic images, narrative, clinical chart notes and operative report.
D7953	Bone Graft	Dated pre-operative radiographic images, narrative, clinical chart notes and operative report
D7960 – D7963	Frenulectomy / Frenuloplasty	Clinical chart notes, intra-oral photographic images, current dated periodontal charting
Orthodontics (medically necessary orthodontic care)		
Procedure Code	Description	Send with Claim/Pre-Determination
D8030 - D8090	Medically Necessary Orthodontic Treatment	Completed HLD Index Form. Electronic equivalent of orthodontically trimmed study model or ortho cadcam including all views. Orthodontic treatment plan. Surgical treatment plan and letter of medical necessity when appropriate. Intra-oral and extra-oral photographic images. Cephalometric analysis, full mouth or panoramic radiographic images.
Adjunctive Services		
Procedure Code	Description	Send with Claim/Pre-Determination

D9120	Fixed partial denture sectioning	Dated pre-operative radiographic images, clinical chart notes and operative report
D9222, D9223	Deep sedation / General Anesthesia	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing , dental procedures performed on the same date of service that the sedation/general anesthesia was completed should be included on the claim form. If the procedures were provided by another practitioner these procedures should be in the "Remarks" (Section 35) of the claim form.
D9239, D9243	IV Conscious Sedation	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing , dental procedures performed on the same date of service that the IV conscious sedation was completed should be included on the claim form. If the procedures were provided by another practitioner these procedures should be in the "Remarks" (Section 35) of the claim form.
D9610, D9630	Other Drugs / Medications	Clinical chart notes including drug/medication name
D9920 – D9930	Behavior Management	Clinical chart notes
D9944, D9945, D9946	Occlusal Guards	Clinical chart notes
D9951 – D9952	Occlusal Adjustments	Clinical chart notes

References

1. ADA Practical Guide to Frequently Asked Legal Questions, 2nd Edition; Practical Guide Series; American Dental Association Division of Legal Affairs
2. The Risk Management Reference Guide; The Dentists Insurance Company Keith Horner, John Ru, and Vivian E Rushton, Interpreting Dental Radiographs, Quintessence Publishing Co. Ltd., 2002.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	7/10/17		Kahn
	Revision	9/5/17	Addition of codes and requirements	Kahn
	Revision	2/6/18	Appropriateness/medical necessity	Kahn
	Revision	10/17/18	Annual Review	Committee
	Revision	7/15/20	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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