

National Standardized Dental Claim Utilization Review Criteria

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Resource Tools
None

Instructions for Use

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. For reference, links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee are provided. Specific plan coverage, exclusions or limitations supersede these criteria.

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

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.

Notes:

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

Diagnostic

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Clinical Oral Evaluation		
D0120		
D0140		
D0145		
D0150		
D0160		
D0170		
D0171		
D0180		
D0411		Miscellaneous Diagnostic Procedures
D0412		Miscellaneous Diagnostic Procedures
Pre-Diagnostic Services		
D0190		
D0191		
Diagnostic Imaging: Image Capture with Interpretation		
D0210		
D0220		
D0230		
D0240		
D0250		
D0251		
D0270		
D0272		
D0273		
D0274		
D0277		
D0310		
D0320		
D0321		
D0322		
D0330		
D0340		
D0350		
D0364		Cone Beam Computed Tomography

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Diagnostic Imaging: Image Capture with Interpretation		
D0365		Cone Beam Computed Tomography
D0366		Cone Beam Computed Tomography
D0367		Cone Beam Computed Tomography
D0368		Cone Beam Computed Tomography
D0369		
D0370		
D0371		
D0372		
D0373		
D0374		
D0801		
D0802		
D0803		
D0804		
Diagnostic Imaging: Image Capture Only		
D0380		Cone Beam Computed Tomography
D0381		Cone Beam Computed Tomography
D0382		Cone Beam Computed Tomography
D0383		Cone Beam Computed Tomography
D0384		Cone Beam Computed Tomography
D0385		
D0386		
D0701		
D0387		
D0388		
D0389		
D0702		
D0703		
D0705		
D0706		
D0707		
D0708		
D0709		
Diagnostic Imaging: Interpretation and Report Only		
D0391		
Diagnostic Imaging: Post Processing of Image or Image Sets		
D0393		
D0394		
D0395		
Tests and Examinations		
D0414		Bacterial and Viral Testing of Oral Infections

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Tests and Examinations		
D0415		Bacterial and Viral Testing of Oral Infections
D0416		Bacterial and Viral Testing of Oral Infections
D0417		Salivary Testing
D0418		Salivary Testing
D0419		Salivary Testing
D0422		Genetic Testing for Oral Disease
D0423		Genetic Testing for Oral Disease
D0425		Miscellaneous Diagnostic Procedures
D0431		Miscellaneous Diagnostic Procedures
D0460		Miscellaneous Diagnostic Procedures
D0470		Miscellaneous Diagnostic Procedures
D0600		Non-Ionizing Diagnostic Procedures
D0601		
D0602		
D0603		
D0604		Miscellaneous Diagnostic Procedures
D0605		Miscellaneous Diagnostic Procedures
Oral Pathology Laboratory		
D0472		
D0473		
D0474		
D0475		
D0476		
D0477		
D0478		
D0479		
D0480		
D0481		
D0482		
D0483		
D0484		
D0485		
D0486		
D0502		
D0999		

Preventive

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Dental Prophylaxis		
D1110		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Dental Prophylaxis		
D1120		
Topical Fluoride Treatment (Office Procedure)		
D1206		<ul style="list-style-type: none"> • Application of Desensitizing Medicaments and Resins • Topical Medicaments for Caries Prevention or Remineralization
D1208		Topical Medicaments for Caries Prevention or Remineralization
Other Preventive Services		
D1310		
D1320		
D1321		
D1330		
D1351		Sealants and Preventive Resin Restorations
D1352		Sealants and Preventive Resin Restorations
D1353		Sealants and Preventive Resin Restorations
D1354		Topical Medicaments for Caries Prevention or Remineralization
D1355		
Space Maintenance (Passive Appliances)		
D1510		Space Maintenance
D1516		Space Maintenance
D1517		Space Maintenance
D1520		Space Maintenance
D1526		Space Maintenance
D1527		Space Maintenance
D1551		Space Maintenance
D1552		Space Maintenance
D1553		Space Maintenance
D1556		Space Maintenance
D1557		Space Maintenance
D1558		Space Maintenance
D1575		Space Maintenance
D1999		Space Maintenance

Restorative

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Amalgam Restorations (Including Polishing)		
D2140		Single Tooth Direct Restorations
D2150		Single Tooth Direct Restorations
D2160		Single Tooth Direct Restorations

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Amalgam Restorations (Including Polishing)		
D2161		Single Tooth Direct Restorations
Resin-Based Composite Restorations – Direct		
D2330		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2331		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2332		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2335		<ul style="list-style-type: none"> • Single Tooth Direct Restorations • Labial Veneers
D2390	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs 	Single Tooth Direct Restorations
D2391		Single Tooth Direct Restorations
D2392		Single Tooth Direct Restorations
D2393		Single Tooth Direct Restorations
D2394		Single Tooth Direct Restorations
Gold Foil Restorations		
D2410		Single Tooth Direct Restorations
D2420		Single Tooth Direct Restorations
D2430		Single Tooth Direct Restorations
Inlay/Onlay Restorations		
D2510		Single Tooth Indirect Restorations
D2520		Single Tooth Indirect Restorations
D2530		Single Tooth Indirect Restorations
D2542	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2543	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2544	<ul style="list-style-type: none"> • Current dated bitewing radiographs of teeth • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
Inlay/Onlay Restorations: Porcelain/Ceramic Inlays/Onlays Include All Indirect Ceramic and Porcelain Type Inlays/Onlays		
D2610		Single Tooth Indirect Restorations
D2620		Single Tooth Indirect Restorations

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Inlay/Onlay Restorations: Porcelain/Ceramic Inlays/Onlays Include All Indirect Ceramic and Porcelain Type Inlays/Onlays		
D2630		Single Tooth Indirect Restorations
D2642	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2643	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2644	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
Inlay/Onlay Restorations: Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique		
D2650		Single Tooth Indirect Restorations
D2651		Single Tooth Indirect Restorations
D2652		Single Tooth Indirect Restorations
D2662	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2663	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2664	<ul style="list-style-type: none"> Current dated bitewing radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
Crowns – Single Restorations Only		
D2710	<ul style="list-style-type: none"> Current dated radiographs of teeth Date of prior placement of existing crowns and the rationale for replacement, if applicable Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Crowns – Single Restorations Only		
D2712	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2720	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2721	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2722	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2740	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2750	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2751	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Crowns – Single Restorations Only		
D2752	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2780	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2781	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2782	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2783	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2790	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2791	<ul style="list-style-type: none"> • Current dated radiographs of teeth • Date of prior placement of existing crowns and the rationale for replacement, if applicable • Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Crowns – Single Restorations Only		
D2792	<ul style="list-style-type: none"> Current dated radiographs of teeth Date of prior placement of existing crowns and the rationale for replacement, if applicable Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2794	<ul style="list-style-type: none"> Current dated radiographs of teeth Date of prior placement of existing crowns and the rationale for replacement, if applicable Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic tests performed 	Single Tooth Indirect Restorations
D2799	<ul style="list-style-type: none"> Current dated radiographs of teeth Narrative of necessity 	Single Tooth Indirect Restorations
Other Restorative Services		
D2910		Other Restorative Procedures
D2915		Other Restorative Procedures
D2920		Other Restorative Procedures
D2921		Other Restorative Procedures
D2928		Prefabricated Crowns
D2929		Prefabricated Crowns
D2930		Prefabricated Crowns
D2931		Prefabricated Crowns
D2932		Prefabricated Crowns
D2933		Prefabricated Crowns
D2940		Single Tooth Direct Restorations
D2941		Single Tooth Direct Restorations
D2949		Core Buildup, Post and Core and Pin Retention
D2950	<ul style="list-style-type: none"> Current dated radiographs of teeth Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs 	Core Buildup, Post and Core and Pin Retention
D2951		Core Buildup, Post and Core and Pin Retention
D2952	Current dated radiographs of teeth	Core Buildup, Post and Core and Pin Retention
D2953	Current dated radiographs of teeth	Core Buildup, Post and Core and Pin Retention
D2954	Current dated radiographs of teeth	Core Buildup, Post and Core and Pin Retention
D2955		Core Buildup, Post and Core and Pin Retention

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Restorative Services		
D2957	Current dated radiographs of teeth	Core Buildup, Post and Core and Pin Retention
D2960	<ul style="list-style-type: none"> Current dated radiographs or intraoral photographs of teeth Date of prior placement of existing veneer and the rationale for replacement, if applicable 	Labial Veneers
D2961	<ul style="list-style-type: none"> Current dated radiographs or intraoral photographs of teeth Date of prior placement of existing veneer and the rationale for replacement, if applicable 	Labial Veneers
D2962	<ul style="list-style-type: none"> Current dated radiographs or intraoral photographs of teeth Date of prior placement of existing veneer and the rationale for replacement, if applicable 	Labial Veneers
D2971		Other Restorative Procedures
D2975		Other Restorative Procedures
D2980		Other Restorative Procedures
D2981		Other Restorative Procedures
D2982		Other Restorative Procedures
D2983		Other Restorative Procedures
D2990		Single Tooth Direct Restorations
D2999		<ul style="list-style-type: none"> Core Buildup, Post and Core and Pin Retention Other Restorative Procedures Single Tooth Direct Restorations

Endodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Pulp Capping		
D3110		Non-Surgical Endodontics
D3120		Non-Surgical Endodontics
Pulpotomy		
D3220		Non-Surgical Endodontics
D3221		Non-Surgical Endodontics
D3222		Non-Surgical Endodontics
Endodontic Therapy on Primary Teeth		
D3230		Non-Surgical Endodontics
D3240		Non-Surgical Endodontics
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	For Medicare plans only: Current, dated preoperative radiographs of tooth	Non-Surgical Endodontics
D3320	For Medicare plans only: Current, dated preoperative radiographs of tooth	Non-Surgical Endodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3330	For Medicare plans only: Current, dated preoperative radiographs of tooth	Non-Surgical Endodontics
D3331		Non-Surgical Endodontics
D3332		Non-Surgical Endodontics
D3333		Non-Surgical Endodontics
Endodontic Retreatment		
D3346	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Non-Surgical Endodontics
D3347	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Non-Surgical Endodontics
D3348	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Non-Surgical Endodontics
Apexification/Recalcification		
D3351		Non-Surgical Endodontics
D3352		Non-Surgical Endodontics
D3353		Non-Surgical Endodontics
Pulpal Regeneration		
D3355		Non-Surgical Endodontics
D3356		Non-Surgical Endodontics
D3357		Non-Surgical Endodontics
Apicoectomy/Periradicular Services		
D3410	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3421	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3425	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3426	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3428		Surgical Endodontics
D3429		Surgical Endodontics
D3430	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3431		Surgical Endodontics
D3432		Dental Barrier Membrane Guided Tissue Regeneration
D3450	<ul style="list-style-type: none"> Current dated radiographs of tooth Narrative of necessity 	Surgical Endodontics
D3460		Surgical Endodontics
D3470		Surgical Endodontics
D3471		Surgical Endodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Apicoectomy/Periradicular Services		
D3472		Surgical Endodontics
D3473		Surgical Endodontics
D3501		Surgical Endodontics
D3502		Surgical Endodontics
D3503		Surgical Endodontics
Other Endodontic Procedures		
D3910		Surgical Endodontics
D3911		Non-Surgical Endodontics
D3920	<ul style="list-style-type: none"> • Current dated radiographs of tooth • Narrative of necessity 	Surgical Endodontics
D3921		Non-Surgical Endodontics
D3950		Surgical Endodontics
D3999		Surgical Endodontics

Periodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Surgical Services (Including Usual Postoperative Care)		
D4210		Surgical Periodontics: Resective Procedures
D4211		Surgical Periodontics: Resective Procedures
D4212		Surgical Periodontics: Resective Procedures
D4230	Current dated radiographs of tooth/area of problem	Surgical Periodontics: Resective Procedures
D4231	Current dated radiographs of tooth/area of problem	Surgical Periodontics: Resective Procedures
D4240		Surgical Periodontics: Resective Procedures
D4241		Surgical Periodontics: Resective Procedures
D4245		Surgical Periodontics: Resective Procedures
D4249	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4260	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4261	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting • Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4263	<ul style="list-style-type: none"> • Current dated radiographs of tooth/area of problem • Complete 6-point periodontal charting 	<ul style="list-style-type: none"> • Biologic Materials for Soft and Hard Tissue Regeneration • Bone Replacement Grafts • Dental Care Services in an Operating Room or Ambulatory Surgery Center

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Surgical Services (Including Usual Postoperative Care)		
D4264	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting 	<ul style="list-style-type: none"> Biologic Materials for Soft and Hard Tissue Regeneration Bone Replacement Grafts Dental Care Services in an Operating Room or Ambulatory Surgery Center
D4265	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting 	<ul style="list-style-type: none"> Biologic Materials for Soft and Hard Tissue Regeneration Dental Care Services in an Operating Room or Ambulatory Surgery Center Surgical Periodontics: Mucogingival Procedures
D4266	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D4267	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Dental Barrier Membrane Guided Tissue Regeneration
D4268	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	<ul style="list-style-type: none"> Dental Care Services in an Operating Room or Ambulatory Surgery Center Surgical Periodontics: Mucogingival Procedures
D4270	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4273	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4274	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Resective Procedures
D4275	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4276	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4277	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4278	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4283	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Surgical Services (Including Usual Postoperative Care)		
D4285	<ul style="list-style-type: none"> Current dated radiographs of tooth/area of problem Complete 6-point periodontal charting Narrative of necessity 	Surgical Periodontics: Mucogingival Procedures
D4286		Dental Barrier Membrane Guided Tissue Regeneration
Non-Surgical Periodontal Service		
D4322		Coronal Splinting
D4323		Coronal Splinting
D4341	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting 	Non-Surgical Periodontal Therapy
D4342	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting 	Non-Surgical Periodontal Therapy
D4346		Non-Surgical Periodontal Therapy
D4355		Full Mouth Debridement
D4381	<ul style="list-style-type: none"> Panoramic radiograph or full series Complete 6-point periodontal charting Dates of previous scaling and root planing 	Non-Surgical Periodontal Therapy
Other Periodontal Services		
D4910		Non-Surgical Periodontal Therapy
D4921		Non-Surgical Periodontal Therapy
D4999		<ul style="list-style-type: none"> Surgical Periodontics: Mucogingival Procedures Surgical Periodontics: Resective Procedures

Removable Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5120	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5130	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5140	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5212	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5213	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Partial Dentures (Including Routine Post-Delivery Care)		
D5214	For Medicare plans, provide the following: Panoramic radiograph or full series	Removable Prosthodontics
D5221		Removable Prosthodontics
D5222		Removable Prosthodontics
D5223		Removable Prosthodontics
D5224		Removable Prosthodontics
D5225		Removable Prosthodontics
D5226		Removable Prosthodontics
D5282		Removable Prosthodontics
D5227		Removable Prosthodontics
D5228		Removable Prosthodontics
D5283		Removable Prosthodontics
D5284		Removable Prosthodontics
D5286		Removable Prosthodontics
Adjustments to Dentures		
D5410		Removable Prosthodontics
D5411		Removable Prosthodontics
D5421		Removable Prosthodontics
D5422		Removable Prosthodontics
Repairs to Complete Dentures		
D5511		Removable Prosthodontics
D5512		Removable Prosthodontics
D5520		Removable Prosthodontics
Repairs to Partial Dentures		
D5611		Removable Prosthodontics
D5612		Removable Prosthodontics
D5621		Removable Prosthodontics
D5622		Removable Prosthodontics
D5630		Removable Prosthodontics
D5640		Removable Prosthodontics
D5650		Removable Prosthodontics
D5660		Removable Prosthodontics
D5670		Removable Prosthodontics
D5671		Removable Prosthodontics
Denture Rebase Procedures		
D5710		Removable Prosthodontics
D5711		Removable Prosthodontics
D5720		Removable Prosthodontics
D5721		Removable Prosthodontics
D5725		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Denture Reline Procedures		
D5730		Removable Prosthodontics
D5731		Removable Prosthodontics
D5740		Removable Prosthodontics
D5741		Removable Prosthodontics
D5750		Removable Prosthodontics
D5751		Removable Prosthodontics
D5760		Removable Prosthodontics
D5761		Removable Prosthodontics
D5765		Removable Prosthodontics
Interim Prosthesis		
D5810		Removable Prosthodontics
D5811		Removable Prosthodontics
D5820		Removable Prosthodontics
D5821		Removable Prosthodontics
Other Removable Prosthetic Services		
D5850		Removable Prosthodontics
D5851		Removable Prosthodontics
D5862		Removable Prosthodontics
D5863		Removable Prosthodontics
D5864		Removable Prosthodontics
D5865		Removable Prosthodontics
D5866		Removable Prosthodontics
D5867		Removable Prosthodontics
D5875		Removable Prosthodontics
D5876		Removable Prosthodontics
D5899		Removable Prosthodontics

Maxillofacial Prosthetics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Removable Prosthetic Services		
D5911		
D5912		
D5913		
D5914		
D5915		
D5916		
D5919		
D5922		
D5923		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Removable Prosthetic Services		
D5924		
D5925		
D5926		
D5927		
D5928		
D5929		
D5931		
D5932		
D5933		
D5934		
D5935		
D5936		
D5937		
D5951		
D5952		
D5953		
D5954		
D5955		
D5958		
D5959		
D5960		
D5982		
D5984		
D5985		
D5987		
D5988		
D5992		
D5993		
Carriers		
D5983		
D5986		
D5991		
D5995		
D5996		
D5999		

Implant

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Pre-Surgical Services		
D6190		Dental Implant Placement and Treatment of Peri-Implant/Defects Disease

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Surgical Services		
D6010	Panoramic radiograph or full mouth series	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6011		Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6012	Panoramic radiograph or full mouth series	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6013	Panoramic radiograph or full mouth series	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6040	Panoramic radiograph or full mouth series	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6050	Panoramic radiograph or full mouth series	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6100	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6101	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6102	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6103	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6104	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6105		Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6106		Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
D6107		Dental Implant Placement and Treatment of Peri-Implant/Defects Disease
Implant Supported Prosthetics: Supporting Structures		
D6051	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses
D6191	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses
D6192	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Implant Supported Prosthetics: Supporting Structures		
D6055	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses
D6056	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses
D6057	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration.	Dental Implant Supported Prostheses
Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures		
D6110	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6111	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6112	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6113	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)		
D6114	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6115	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6116	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6117	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Implant Supported Prosthetics: Single Crowns, Abutment Supported		
D6058	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6059	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6060	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6061	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6062	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6063	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6064	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6094	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6097	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6065	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6066	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6067	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Implant Supported Prosthetics: Single Crowns, Abutment Supported		
D6082	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6083	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6084	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6086	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6087	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6088	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported		
D6068	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6069	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6070	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6071	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6072	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6073	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported		
D6074	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6194	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6195	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported		
D6075	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6076	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6077	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6098	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6099	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6120	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6121	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6122	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses
D6123	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Prostheses

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Implant Services		
D6080		Dental Implant Supported Protheses
D6081	<ul style="list-style-type: none"> Radiographs of area Complete 6-point periodontal charting Narrative of necessity 	Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
D6085	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Protheses
D6090	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	Dental Implant Supported Protheses
D6091		Dental Implant Supported Protheses
D6092		Dental Implant Supported Protheses
D6093		Dental Implant Supported Protheses
D6095	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	Dental Implant Supported Protheses
D6096	Narrative of necessity	Dental Implant Supported Protheses
D6118	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Protheses
D6119	Radiographs of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate full osseointegration.	Dental Implant Supported Protheses
D6197		Dental Implant Supported Protheses
D6198		Dental Implant Supported Protheses
D6199	<ul style="list-style-type: none"> Radiographs of area Narrative of necessity 	<ul style="list-style-type: none"> Dental Implant Supported Protheses Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

Fixed Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Fixed Partial Denture Pontics		
D6205	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6210	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6211	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6212	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6214	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Fixed Partial Denture Pontics		
D6240	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6241	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6242	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6245	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6250	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6251	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6252	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6253	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth Narrative of necessity 	Fixed Prosthodontics
Fixed Partial Denture Retainers – Inlays/Onlays		
D6545	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6548	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6549	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6600	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6601	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6602	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6603	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6604	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6605	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6606	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6607	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6608	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Fixed Partial Denture Retainers – Inlays/Onlays		
D6609	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6610	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6611	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6612	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6613	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6614	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6615	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6624	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6634	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
Fixed Partial Denture Retainers – Crowns		
D6710	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6720	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6721	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6722	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6740	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6750	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6751	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6752	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6753	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6780	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6781	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics
D6782	<ul style="list-style-type: none"> • Full arch radiographs • Dental charting indicating missing teeth 	Fixed Prosthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Fixed Partial Denture Retainers – Crowns		
D6783	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6784	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6790	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6791	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6792	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
D6793	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth Narrative of necessity 	Fixed Prosthodontics
D6794	<ul style="list-style-type: none"> Full arch radiographs Dental charting indicating missing teeth 	Fixed Prosthodontics
Other Fixed Partial Denture Services		
D6920		Fixed Prosthodontics
D6930		Fixed Prosthodontics
D6940		Fixed Prosthodontics
D6950		Fixed Prosthodontics
D6980	Narrative of necessity	Fixed Prosthodontics
D6985		Fixed Prosthodontics
D6999		Fixed Prosthodontics

Oral and Maxillofacial Surgery

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Extractions (Includes Local Anesthesia, Suturing if Needed, and Routine Postoperative Care)		
D7111		Non-Surgical Extractions
D7140		Non-Surgical Extractions
D7210		Surgical Extraction of Erupted Teeth and Retained Roots
D7220	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7230	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7240	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7241	<ul style="list-style-type: none"> Panoramic radiograph Narrative of necessity 	Surgical Extraction of Impacted Teeth
D7250		Surgical Extraction of Erupted Teeth and Retained Roots
D7251		Surgical Extraction of Impacted Teeth

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Surgical Procedures		
D7260		Oral Surgery: Miscellaneous Surgical Procedures
D7261	<ul style="list-style-type: none"> • Panoramic radiograph • Narrative of necessity 	Oral Surgery: Miscellaneous Surgical Procedures
D7270		Oral Surgery: Miscellaneous Surgical Procedures
D7272		Oral Surgery: Miscellaneous Surgical Procedures
D7280		Oral Surgery: Orthodontic Related Procedures
D7282	<ul style="list-style-type: none"> • Panoramic radiograph • Narrative of necessity 	Oral Surgery: Orthodontic Related Procedures
D7283		Oral Surgery: Orthodontic Related Procedures
D7285		
D7286		
D7287		
D7288		Miscellaneous Diagnostic Procedures
D7290		Oral Surgery: Miscellaneous Surgical Procedures
D7291		Oral Surgery: Non-Pathologic Excisional Procedures
D7292		Oral Surgery: Orthodontic Related Procedures
D7293		Oral Surgery: Orthodontic Related Procedures
D7294		Oral Surgery: Orthodontic Related Procedures
D7295		Oral Surgery: Miscellaneous Surgical Procedures
D7296		Oral Surgery: Orthodontic Related Procedures
D7297		Oral Surgery: Orthodontic Related Procedures
D7298		Oral Surgery: Orthodontic Related Procedures
D7299		Oral Surgery: Orthodontic Related Procedures
D7300		Oral Surgery: Orthodontic Related Procedures
Alveoplasty – Preparation of Ridge		
D7310		Oral Surgery: Alveoplasty and Vestibuloplasty
D7311		Oral Surgery: Alveoplasty and Vestibuloplasty

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Alveoloplasty – Preparation of Ridge		
D7320		Oral Surgery: Alveoloplasty and Vestibuloplasty
D7321		Oral Surgery: Alveoloplasty and Vestibuloplasty
Vestibuloplasty		
D7340		Oral Surgery: Alveoloplasty and Vestibuloplasty
D7350		Oral Surgery: Alveoloplasty and Vestibuloplasty
Excision of Soft Tissue Lesions		
D7410		
D7411	<ul style="list-style-type: none"> Narrative of necessity Pathology report 	
D7412	<ul style="list-style-type: none"> Narrative of necessity Pathology report 	
D7413		
D7414		
D7415		
D7465		
Excision of Intra-Osseous Lesions		
D7440		
D7441		
D7450		Coverage Criteria <ul style="list-style-type: none"> Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.
D7451		Coverage Criteria <ul style="list-style-type: none"> Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.
D7460		Coverage Criteria Presence of hard, attached or freely movable raised or erythematous lesion.
D7461		Coverage Criteria Presence of hard, attached or freely movable raised or erythematous lesion.
Excision of Bone Tissue		
D7471		Oral Surgery: Non-Pathologic Excisional Procedures
D7472		Oral Surgery: Non-Pathologic Excisional Procedures
D7473		Oral Surgery: Non-Pathologic Excisional Procedures

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Excision of Bone Tissue		
D7485		
D7490		
Surgical Incision		
D7509		
D7510		Coverage Criteria Not usually benefited when at same time as extraction.
D7511		
D7520		Coverage Criteria Not usually benefited when at same time as extraction.
D7521		
D7530		
D7540		
D7550		
D7560		
Treatment of Closed Fractures		
D7610		
D7620		
D7630		
D7640		
D7650		
D7660		
D7670		
D7671		
D7680		
Treatment of Open Fractures		
D7710		
D7720		
D7730		
D7740		
D7750		
D7760		
D7770		
D7771		
D7780		
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810		
D7820		
D7830		
D7840		
D7850		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7852		
D7854		
D7856		
D7858		
D7860		
D7865		
D7870		
D7871		
D7872		
D7873		
D7874		
D7875		
D7876		
D7877		
D7880	<ul style="list-style-type: none"> • TMJ radiographs • Narrative of necessity 	Occlusal Guards
D7881		Occlusal Guards
D7899	<ul style="list-style-type: none"> • TMJ radiographs • Narrative of necessity 	
Repair of Traumatic Wounds		
D7910		
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)		
D7911		
D7912		
Other Repair Procedures		
D7920		
D7921		Oral Surgery: Miscellaneous Surgical Procedures
D7922		Surgical Extraction of Erupted Teeth and Retained Roots Surgical Extraction of Impacted Teeth
D7940		
D7941		
D7943		
D7944		
D7945		
D7946		
D7947		
D7948		
D7949		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Repair Procedures		
D7950		Oral Surgery: Miscellaneous Surgical Procedures
D7951		Oral Surgery: Miscellaneous Surgical Procedures
D7952		Oral Surgery: Miscellaneous Surgical Procedures
D7953	<ul style="list-style-type: none"> • Current dated radiograph of the tooth to be extracted • Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement 	Oral Surgery: Miscellaneous Surgical Procedures
D7955		Oral Surgery: Non-Pathologic Excisional Procedures
D7956		Dental Barrier Membrane Guided Tissue Regeneration
D7957		Dental Barrier Membrane Guided Tissue Regeneration
D7961		Oral Surgery: Non-Pathologic Excisional Procedures
D7962		Oral Surgery: Non-Pathologic Excisional Procedures
D7963		Oral Surgery: Non-Pathologic Excisional Procedures
D7970		Oral Surgery: Non-Pathologic Excisional Procedures
D7971		Oral Surgery: Non-Pathologic Excisional Procedures
D7972	<ul style="list-style-type: none"> • Radiographs of area • Narrative of necessity 	Oral Surgery: Non-Pathologic Excisional Procedures
D7979		Oral Surgery: Miscellaneous Surgical Procedures
D7980		Oral Surgery: Miscellaneous Surgical Procedures
D7981		Oral Surgery: Miscellaneous Surgical Procedures
D7982		Oral Surgery: Miscellaneous Surgical Procedures
D7983		Oral Surgery: Miscellaneous Surgical Procedures
D7990		
D7991		
D7993		
D7994		

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Repair Procedures		
D7995		
D7996		
D7997		Oral Surgery: Orthodontic Related Procedures
D7998		
D7999		<ul style="list-style-type: none"> • Oral Surgery: Miscellaneous Surgical Procedures • Oral Surgery: Non-Pathologic Excisional Procedures

Orthodontics

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Limited Orthodontic Treatment		
D8010		Medically Necessary Orthodontic Treatment
D8020		Medically Necessary Orthodontic Treatment
D8030		Medically Necessary Orthodontic Treatment
D8040		Medically Necessary Orthodontic Treatment
Comprehensive Orthodontic Treatment		
D8070		Medically Necessary Orthodontic Treatment
D8080		Medically Necessary Orthodontic Treatment
D8090		Medically Necessary Orthodontic Treatment
Minor Treatment to Control Harmful Habits		
D8210		
D8220		Medically Necessary Orthodontic Treatment
Other Orthodontic Services		
D8660		Medically Necessary Orthodontic Treatment
D8670		Medically Necessary Orthodontic Treatment
D8680		Medically Necessary Orthodontic Treatment
D8681		
D8692		
D8693		
D8694		
D8695		Medically Necessary Orthodontic Treatment
D8696		Medically Necessary Orthodontic Treatment
D8697		Medically Necessary Orthodontic Treatment
D8698		Medically Necessary Orthodontic Treatment
D8699		Medically Necessary Orthodontic Treatment
D8701		Medically Necessary Orthodontic Treatment
D8702		Medically Necessary Orthodontic Treatment
D8703		Medically Necessary Orthodontic Treatment
D8704		Medically Necessary Orthodontic Treatment

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Other Orthodontic Services		
D8999		Medically Necessary Orthodontic Treatment

Adjunctive General Services

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Unclassified Treatment		
D9110		Coverage Criteria <ul style="list-style-type: none"> Not payable with other services such as extraction, incision/drainage, sedative on same date-of-service, with the exception of x-rays and exam (usually D0140). For immediate relief of pain and not a definitive procedure.
D9120		
Anesthesia		
D9210		General Anesthesia and Conscious Sedation Services
D9211		General Anesthesia and Conscious Sedation Services
D9212		General Anesthesia and Conscious Sedation Services
D9215		General Anesthesia and Conscious Sedation Services
D9219		General Anesthesia and Conscious Sedation Services
D9222	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9223	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9230	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9239	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9243	<ul style="list-style-type: none"> Anesthesia/Sedation Record including start time and stop time Narrative of necessity 	General Anesthesia and Conscious Sedation Services
D9248	Narrative of necessity	General Anesthesia and Conscious Sedation Services

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Professional Consultation		
D9310		Coverage Criteria A diagnostic service not by the practitioner providing the specific or on-going treatment. The condition may be out of the scope of practice, requiring second opinion.
D9311		Coverage Criteria A diagnostic service not by the practitioner providing the specific or on-going treatment. The condition may be out of the scope of practice, requiring second opinion.
Professional Visits		
D9410		
D9420		
D9430		
D9440		
D9450		
Drugs		
D9610	Narrative of necessity	In-Office Drug Administration and Dispensing of Medications
D9612	Narrative of necessity	In-Office Drug Administration and Dispensing of Medications
D9613	Narrative of necessity	In-Office Drug Administration and Dispensing of Medications
D9630	Narrative of necessity	In-Office Drug Administration and Dispensing of Medications
Miscellaneous Services		
D9910		Application of Desensitizing Medicaments and Resins
D9911		Application of Desensitizing Medicaments and Resins
D9920		Coverage Criteria Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.
D9930		Coverage Criteria Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).
D9932		
D9933		
D9934		
D9935		
D9941		Occlusal Guards
D9942		Occlusal Guards
D9943		Occlusal Guards

CDT Code	Documentation Requirement	Coverage Criteria/Related Dental Policies
Miscellaneous Services		
D9944	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	Occlusal Guards
D9945	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	Occlusal Guards
D9946	<ul style="list-style-type: none"> Panoramic radiograph or full series Narrative of necessity 	Occlusal Guards
D9950		Occlusal Guards
D9951		Occlusal Guards
D9952		Occlusal Guards
D9953		
D9970		Coverage Criteria Discolored surface enamel from altered mineralization/decalcification. Per visit basis.
D9971		Coverage Criteria 1-2 teeth, includes removal of enamel projections.
D9972		
D9973		
D9974		
D9975		
Non-Clinical Procedures		
D9985		
D9986		
D9987		
D9991		
D9992		
D9993		
D9994		
D9995		
D9996		
D9997		
D9999		

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Guideline History/Revision Information

Date	Summary of Changes
07/01/2023	Instructions for Use <ul style="list-style-type: none"> Added language pertaining to services that are subject to the California Department of Managed Health Care (DMHC) regulatory oversight to indicate the materials provided [within this policy] are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions; specific care and treatment may vary depending on individual need and the benefits covered under the contract Supporting Information

Date	Summary of Changes
	<ul style="list-style-type: none"> Archived previous policy version DURG042.14

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.