



# Recommended documentation for commonly billed codes

**\*\*There may be times when consultants need to see additional documentation not listed, that will be requested on your explanation of benefits.**

**\*\*When submitting diagnostic pre-op photos, please submit color photographs.**

## Diagnostic, pre-diagnostic and preventative (D0100-D1999)

Procedure(s)	Information Required
Detailed and Extensive oral evaluation-problem focused, by report (D0160)	<i>Pt. treatment notes/clinical chart notes. Benefits once per dentist/dental office.</i>
Fixed space maintainers (D1510-D1575)	<i>The arch for where the space is being held (UR, LR, UL, LL). Note the missing teeth in the arch.</i>
Comprehensive oral evaluation-new or established patient (D0150)	<i>If completed by the same provider, the patient would have to be absent from the practice for 3 years.</i>
Screening of a patient & Assessment of a patient (D0190 & D0191)	<i>Benefits are determined by group/individual contract. Fees for pre-diagnostic services are NOT billable to the patient when reported in conjunction (same date of service) with another evaluation procedure (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180), as integral to the evaluation.</i>

## Restorative (D2000-D2999)

Procedure(s)	Information Required
Inlays (D2510-D2530, D2610-D2630, D2650-D2652)	<i>For inlay restorations, an alternate benefit will be allowed for an amalgam or resin restoration, according to the policies for amalgam and resin restorations. Any additional fee up to the approved amount for the inlay is chargeable to the patient.</i>
Onlay (D2542-D2544, D2642-D2644, D2662-D2664):	<i>Diagnostic pre-op x-ray {and or if a photo is available, please submit} and pt. treatment notes/clinical chart notes including tooth specific information. General Policy: Not a benefit for children under 12 yrs of age. Multistage procedures are reported and benefited on completion (seat date)</i>
Crowns (D2710-D2799, D2928-D2934)	<i>Diagnostic pre-op x-rays {and or if photo is available, please submit}. Also submit pt. treatment notes/clinical chart notes including tooth specific information. A periapical radiograph provides the most information regarding the loss of tooth structure and the health of the remaining tooth. Submission of either or both of these images will greatly improve claims processing and turnaround time. General policy: Not a benefit for</i>

children under 12 yrs of age. Multistage procedures are reported and benefited on completion (seat date).

**Build ups  
(D2950-D2957)**

Diagnostic pre-op x-rays {and or if a photo is available, please submit}. Also submit pt. treatment notes/clinical chart notes including tooth specific information. A periapical radiograph provides the most information regarding the loss of tooth structure and the health of the remaining tooth. Submission of either or both of these images will greatly improve claims processing and turnaround time.

**Veneers  
(D2960-D2962)**

Diagnostic pre-op PA x-rays {and or if a photo is available, please submit} and pt. treatment notes/chart notes including tooth specific information.

**\*\*All multi-staged procedures are reported and benefited upon completion (unless otherwise noted).  
Completion date is the cementation date or delivery date.**

## Endodontics (D3000-D3999)

Procedure(s)	Information required
<b>Pulp Caps (D3110-D3120)</b>	Not available with a restoration on the same day. They will be combined with the final restoration and are not billable by participating providers.
<b>Pulpal Therapy (D3230-D3240)</b>	Diagnostic pre-op PA x-rays.
<b>Root Canals (D3310-D3330)</b>	Diagnostic pre and post-op PA x-rays.
<b>Root Canal Obstruction, incomplete endodontic therapy, internal root repair of perforation defects (D3331-D3333)</b>	Diagnostic pre op PA x-rays and pt. treatment note/chart notes and or endodontic report.
<b>Retreatment of Root canal (D3346-D3348)</b>	Diagnostic PA pre and post op x-rays, and pt. treatment notes/clinical chart notes and or endodontic report.
<b>Apicoectomy (D3410-D3426)</b>	Diagnostic pre and post op PA x-rays, and pt. treatment notes/clinical chart notes.
<b>Surgical Repair of Root Resorption (D3471-3473)</b>	Diagnostic PA x-rays, and pt. treatment notes/clinical chart notes.
<b>Surgical Exposure of Root Surface (D3501-D3503)</b>	Diagnostic PA x-rays, and pt. treatment notes/clinical chart notes.

## Periodontics (D4000-4999)

Procedure(s)	Information required
<b>Gingivectomy or Gingivoplasty (D4210-4211)</b>	Pre-op diagnostic x-ray, perio charting dated no more than 12mths prior to service being provided. (please note photos maybe requested, if available please submit).

<b>Clinical Crown lengthening—hard tissue (D4249)</b>	<i>Diagnostic pre op PA x-rays, perio charting dated no more than 12mths prior to service being provided. If this code is submitted with a restoration it will be disallowed. This is a per tooth code when adjacent teeth are included. (Please note photos may be requested, if available, please submit).</i>
<b>Bone replacement graft (D4263-D4264)</b>	<i>This is for the natural tooth and cannot be used where a tooth has been extracted.</i>
<b>Surgical Revision Procedure, per tooth, Hard Tissue or Soft Tissue (D4268)</b>	<i>Pre-op diagnostic PA x-ray, perio charting dated no more than 12mths prior to service being provided. (photos, if available please submit). This is a per tooth procedure.</i>
<b>Pedicle soft tissue graft procedure (D4270)</b>	<p><i>Updated clinical charting w/recession and the amount of attached keratinized tissue where remaining. Charting must not be dated more than 12mths prior to service being provided.</i></p> <p><i>Radiographs where indicated (i.e. excessive mobility, periodontitis). Diagnostic color photo of tooth or teeth involved.</i></p>
<b>Subepithelial, autogenous connective tissue graft procedure, per tooth (D4273)</b>	<p><i>Updated clinical charting w/recession and the amount of attached keratinized tissue where remaining. Charting must not be dated more than 12mths prior to service being provided.</i></p> <p><i>Radiographs where indicated (i.e. excessive mobility, periodontitis). Diagnostic color photo of tooth or teeth involved. There are 2 surgical sites.</i></p>
<b>Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) (D4274)</b>	<p><i>Pre-op diagnostic pa x-ray, perio charting dated no more than 12mth prior to service being provided. (photos, if available please submit).</i></p>
<b>Soft tissue allograft (D4275)</b>	<p><i>Updated clinical charting w/recession and the amount of attached keratinized tissue where remaining. Charting must not be dated more than 12mths prior to service being provided.</i></p> <p><i>Radiographs where indicated (i.e. excessive mobility, periodontitis). Diagnostic color photo of tooth/teeth involved.</i></p>
<b>Combined connective tissue and double pedicle graft, per tooth (D4276)</b>	<p><i>Updated clinical charting w/recession and the amount of attached keratinized tissue where remaining. Charting must not be dated more than 12mths prior to service being provided.</i></p> <p><i>Radiographs where indicated (i.e. excessive mobility, periodontitis). Diagnostic color photo of tooth or teeth involved.</i></p>
<b>Free Soft tissue graft procedure (including donor and recipient surgical sites), first tooth or edentulous tooth position in graft (D4277 &amp; D4278)</b>	<p><i>Updated clinical charting w/recession and the amount of attached keratinized tissue where remaining. Charting must not be dated more than 12mths prior to service being provided.</i></p> <p><i>Radiographs where indicated (i.e. excessive mobility, periodontitis). Diagnostic color photo of tooth or teeth involved. (D4278 is used in conjunction with D4277)</i></p>

**Periodontal scaling and root planing  
(D4341-D4342)**

*Diagnostic xrays that demonstrate bone loss and clinical attachment loss. Perio charting (must not be dated more than 12mths prior to service being provided). Typically includes pockets greater than 4mm. SRP will be benefited in the presence of periodontitis determined by the visible presence of horizontal or vertical bone loss around teeth in a quadrant. The absence of bone loss and the presence of suprabony pockets may result in a benefit of D4346.*

**Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation  
(D4346)**

*This will be benefited in the **absence of periodontitis** determined by the absence of horizontal or vertical bone loss. This is included in frequency for D1110, D1120 and D4910.*

**Periodontal maintenance  
(D4910)**

*Perio charting dated no more than 12mths prior to service being provided. Possibly provide quadrants and dates of SRP. Patient must have a history of scaling and root planing or osseous surgery on file to have this code considered.*

## Prosthodontics, removable (D5000-D5899)

Procedure(s)	Information required
All dentures (D5110-D5140)	<i>Initial or replacement designation required <b>Replacement</b> - Date of last placement and reason for replacement.</i>
All partials (D5211-D5286)	<i><b>Initial</b> - Full arch diagnostic x-rays. <b>Replacement</b> - Date of last placement and reason for replacement.</i>
Adjustments to complete or partial denture (D5410-D5422)	<i>Adjustments to complete or partial dentures are limited to two adjustments per denture per 12 months (after six months has elapsed since initial placement). Benefits are DENIED after two adjustments.</i>

**\*\* All multi-staged procedures are reported and benefited upon completion (unless otherwise noted). Completion date is the cementation date or delivery date.**

## Maxillofacial prosthetics (D5900-D5999)

Procedure(s)	Information required
All maxillofacial Prosthetics (D5900-5999)	<i>General Policy: Benefits are denied, unless group/individual contract specifies that maxillofacial prosthetics are a benefit.</i>

## Implant services (D6000-D6199)

Procedure(s)	Information required
All implants (D6010-D6050) <i>**if available with the patient's group contract with Delta Dental**</i>	<i>Pre-op diagnostic x-rays of the full arch</i>
Implant crowns <i>**if available with the patient's group contract with Delta Dental**</i>	<i>Pre-op diagnostic x-rays of the full arch</i>

## Prosthodontics, fixed (6200-6999)

Procedure(s)	Information required
All fixed partial dentures - <i>initial</i>	Pre-op x-rays of the full arch
All replacement fixed partial dentures - <i>replacement</i>	Date of last placement and reason for replacement

## Oral and Maxillofacial Surgery (D7000-D7999)

Procedure(s)	Information required
Extractions (D7210-D7251)	A diagnostic x-ray and tooth specific clinical chart notes. Photos if available. In order for the extraction of an impacted tooth to be reimbursed as a D7240 (removal of impacted tooth – completely bony), all surfaces of the coronal portion of the tooth (including the occlusal surface) must at least be partially covered by bone.
Alveoplasty (D7310-D7321)	An alveoplasty must be accurately described and documented in the patient's chart. Failure to document the reason for the alveoplasty and accurately describe the surgical procedure may result in the procedure being included as a component of the extraction. Minor smoothing and contouring of ridges and socket bone in conjunction with surgical removal of a tooth is considered to be part of a complete procedure; not separately chargeable.
Bone replacement graft for ridge preservation (D7953)	Diagnostic x-ray and clinical chart notes

## Orthodontics (D8000-D8999)

Procedure(s)	Information Required
Orthodontics	<ul style="list-style-type: none"> <li>• Date of initial placement,</li> <li>• Number of months of treatment</li> <li>• Total fee</li> <li>• Initial down payment.</li> </ul>

**\*\*For children less than 8 years of age: Submit orthodontic records**

## Adjunctive general services (D9000-D9999)

Procedure(s)	Information required
Deep sedation/general anesthesia-each 15 minute increments (D9223 & D9243)	Anesthesia records for anesthesia lasting more than 1 hour, including the start (at the delivery of anesthetic) and stop time (the point in which the dentist leaves the patient)
Occlusal Guard, by report (D9944-D9946)	Chart notes/Narrative