

CLAIM DOCUMENTATION GUIDELINES

Code*

RESTORATIVE	
D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2799, D2960-D2962	Current dated pre-operative radiographs. Prior placement date and rationale for replacement, if applicable.
D2929-D2931	Current dated pre-operative radiographs. Prior placement date and rationale for replacement, if applicable.
D2950	Pre-operative and post-operative photographs showing the buildup in place OR pre-operative and post-operative radiographs showing the buildup in place
D2971**	Current dated pre-operative radiographs. Narrative
ENDODONTICS	
D3331	Current dated pre-operative radiographs and post-operative radiographs. Narrative
D3428-D3429	Current dated pre-operative radiographs
D3431**	Narrative & Material Used
D3432**	Current dated pre-operative radiographs.
PERIODONTAL	
D4210 & D4211	Current dated pre-operative periodontal charting.
D4212**	Narrative
D4240 & D4241	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs.
D4245	Current dated pre-operative periodontal charting.
D4249	Current dated pre-operative radiographs
D4260 & D4261	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs.
D4263, D4264	Current dated pre-operative periodontal charting. Identify each site. Current dated pre-operative radiographs. Note: A single code for multiple sites on the same tooth is not valid.
D4265**	Narrative & Material Used
D4266, D4267**	Current dated pre-operative periodontal charting. Identify each site. Current dated pre-operative radiographs.
D4268**	Current dated pre-operative radiographs. Narrative with tooth/teeth numbers and rationale for surgical revision. Note: Date of surgical revision should be no more than twenty-four months and generally no less than six months from the date of the initial surgery.
D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285	For each tooth/site proposed to receive a soft tissue graft, a chart or narrative containing the following Mucogingival Data <ul style="list-style-type: none"> • Tooth# • MM Recession • MM Attached Gingiva • MM Attached Keratinized Gingiva
D4274	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs.
D4320 & D4321**	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs. Prior periodontal treatment history. Teeth numbers being treated
D4341 & D4342	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs.
D4346	Current dated pre-operative periodontal charting. Current dated pre-operative radiographs or photographs.
D4381**	Current dated pre-operative periodontal charting

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**Subject to Benefit Coverage

Dental Network of America, LLC (DNoA) is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company.

DNoA Connect is a service provided by Dental Network of America, LLC, a separate company that acts as the administrator of dental programs for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas.

Code***REMOVABLE PROSTHETICS**

D5875	Narrative
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IMPLANT SERVICES

D6010-D6050, D6104	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Extraction dates of teeth to be replaced. Date of prior prosthetic placement (fixed and/or removable dentures, if applicable). Numbers of all missing teeth. Tooth number of proposed implants.
D6052-D6079, D6094 & D6194	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Extraction dates of teeth to be replaced. Date of prior prosthetic placement (fixed and/or removable dentures, if applicable). Numbers of all missing teeth. Tooth number of proposed treatment sites. The radiographs should be post-operative to the implant placement, but pre-operative to the crown & bridge placement.
D6110-D6117	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Extraction dates of teeth to be replaced. Date of prior prosthetic placement (fixed and/or removable dentures, if applicable). Numbers of all missing teeth. Tooth number of proposed treatment sites. The radiographs should be post-operative to the implant placement, but pre-operative to the prosthesis placement.
D6081	Current Post-Operative Radiograph
D6090	Narrative. Date of prior implant placement.
D6091**	Narrative. Date of prior implant placement.
D6095	Narrative. Date of prior implant placement.
D6100	Narrative. Date of prior implant placement.
D6101,D6102,D6103	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Extraction dates of teeth to be replaced

PROSTHODONTICS

D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Extraction dates of teeth to be replaced. Date of prior prosthetic placement (fixed and/or removable dentures, if applicable). Numbers of all missing teeth.
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ORAL AND MAXILLOFACIAL SURGERY

D7210-D7240	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. All 3rd molar extractions on patients age 15 or under to include rationale for extraction.
D7241	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Narrative. All D7241 to include rationale for unusual surgical complications.
D7251	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Narrative to include rationale for unusual surgical complications
D7410- D7412,	Pathology report
D7413- D7415**	Pathology report
D7450-D7451	Pathology report. Current dated pre-operative radiographs
D7460-D7461**	Pathology report. Current dated pre-operative radiographs
D7465**	Pathology report
D7950-D7953	Current dated full mouth pre-operative radiographs and/or panoramic radiograph. Narrative describing the planned prosthetic reconstruction. Number of missing tooth or area. Numbers of all missing teeth.

ADJUNCTIVE GENERAL SERVICES

D9223,D9243	Current dated pre-operative radiographs. Narrative. Anesthesia Records
D9248	Current dated pre-operative radiographs. Narrative. Anesthesia Records
D9222,D9239	Current dated pre-operative radiographs. Narrative. Anesthesia Records
D9952**	Current dated pre-operative radiographs. Narrative

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Code***"BY REPORT" PROCEDURES**

D2999; D3999**	Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan. Radiographs, if applicable, to assist in describing clinical condition
D4999; D5899**	Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan. Radiographs, if applicable, to assist in describing clinical condition
D5999; D6199**	Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan. Radiographs, if applicable, to assist in describing clinical condition
D6999; D7999**	Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan. Radiographs, if applicable, to assist in describing clinical condition
D8999; D9999**	Narrative describing specific clinical conditions addressed by the procedure, rationale demonstrating need, pertinent history and treatment plan. Radiographs, if applicable, to assist in describing clinical condition

GENERAL COMMENTS

Radiographs	All radiographic images should be of diagnostic quality, depicting appropriate structures, dated, mounted and labeled right and left. Submitted radiographs should be duplicates and recent to the date of service, not exceeding 36 months. Submitted radiographs should be labeled with the patient's name and provider's name /address. DO NOT SEND ORIGINAL RADIOGRAPHS SINCE THEY WILL NOT BE RETURNED. ELECTRONIC IMAGES OF RADIOGRAPHS WILL BE RETAINED.
Periodontal Charting	Must be comprehensive full mouth, legible, dated, documented with probing depths (up to 6 per tooth), classified furcation defects and tooth mobility recorded as 1, 2 or 3 degree.
Narratives	Must be clear, legible and provide rationale for the proposed treatment, e.g. specific clinical conditions addressed by the procedure.

These guidelines represent frequently submitted procedures which require attachments and is not meant to be all-inclusive. Other dental procedures not listed may require additional documentation. Submit only a completed claim for routine dental procedures such as cleanings and minor restorations, unless otherwise requested.



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