

## Clinical Review Requirements

This information is only requested if a claim is selected for professional review.

**Note: Photographs are always beneficial in determining cracked teeth, build-ups, crowns and anterior restorations.**

<b>DIAGNOSTIC SERVICES: D0290-D0502</b>		
<b>Code</b>	<b>Description of Service</b>	<b>Submission Request</b>
<b>D0290</b>	Posterior-anterior or lateral skull and facial bone survey film	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits.
<b>D0460</b>	Pulp vitality tests	
<b>D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0485, D0502</b>	Accession of tissue, gross examination, preparation and transmission of written report, other oral pathology procedures, by report	Pathology report and/or detailed narrative indicating specific location of the tissue being removed. Services performed on the lip, cheeks or tongue are not covered.
<b>COMPOSITE RESTORATIONS: D2390</b>		
<b>D2390</b>	Resin-based composite crown, anterior	Current periapical radiographs with detailed narrative, including diagnosis.
<b>CAST RESTORATIONS: INLAYS D2510 - D2652</b>		
<b>D2510 - D2530</b>	Metallic inlays	Benefit is based on the corresponding amalgam fee allowance. If it is a replacement inlay, current periapical radiographs with detailed, tooth specific narrative regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
<b>D2610 - D2630</b>	Porcelain/ceramic inlays	
<b>D2650 - D2652</b>	Resin based inlays	
<b>CAST RESTORATIONS: D2710 - D2962</b>		
<b>D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2970</b>	Crowns-Single Restorations Only	Current periapical radiographs with detailed, tooth specific narrative regarding the necessity of the treatment and any available photographs. We request that you <b>not</b> substitute a panoramic type radiograph if periapical radiographs are available.
<b>D2542, D2743, D2544, D2642, D2643, D2644, D2662, D2663, D2664</b>	Onlay Restorations	
<b>D2960, D2961, D2962</b>	Labial Veneers	
<b>ENDODONTICS: D3331-D3353</b>		
<b>D3331</b>	Treatment of root canal obstruction	Pre- and post-operative periapical radiographs with detailed narrative regarding the necessity of the endodontic procedure.
<b>D3332</b>	Incomplete endodontic therapy; inoperable, unrestorable or fracture tooth	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits.
<b>D3333</b>	Internal root repair of perforation defects	
<b>D3351, D3352, D3353</b>	Apexification/Recalcification Procedures	Current periapical radiographs with detailed narrative, including diagnosis.
<b>BUILD-UP/POSTS: D2950 - D2957, D6970 - D6977</b>		
<b>D2950, D2951, D2952, D2953, D2954, D2955, D2957</b>	Core Build-up for Single Restorations.	Current periapical radiographs with detailed, tooth specific narrative including the amount of tooth structure remaining and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available. Per the ADA, build-ups should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation.
<b>D6970, D6972, D6973, D6976, D6977</b>	Core Build-up for Fixed Partial Dentures	

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<b>PERIODONTAL PROCEDURES: D4211-D4910</b>		
<b>D4210, D4211</b>	Gingivectomy or gingivoplasty	Periodontal charting (probing done within past 12 months), diagnosis, detailed narrative regarding the necessity of the periodontal treatment and date of last active periodontal therapy.
<b>D4230, D4231</b>	Anatomical crown exposure	Periodontal charting (probing done within past 12 months), periapical radiographs, diagnosis, and detailed narrative regarding the necessity of the periodontal treatment.
<b>D4240, D4241</b>	Gingival flap procedure, including root planing	Periodontal charting (probing done within past 12 months), diagnosis, detailed narrative regarding the necessity of the periodontal treatment and date of last active periodontal therapy.
<b>D4245</b>	Apically positioned flap	
<b>D4249</b>	Clinical crown lengthening	Current periapical radiographs with detailed narrative, including diagnosis.
<b>D4260, D4261</b>	Osseous surgery (including flap entry and closure)	Periodontal charting (probing done within past 12 months), periapical radiographs, diagnosis, and detailed narrative regarding the necessity of the periodontal treatment.
<b>D4263, D4264, D4266, D4267, D4268</b>	Bone replacement graft- first site in quadrant	
<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration	Detailed narrative for periodontal treatment given, including type of material used.
<b>D4270, D4271, D4273, D4274, D4275, D4276</b>	Graft Procedures	Periodontal charting (probing done within past 12 months), diagnosis, detailed narrative regarding the necessity of the periodontal treatment and date of last active periodontal therapy.
<b>D4341, D4342</b>	Periodontal scaling and root planing	
<b>D4355</b>	Full mouth debridement to enable comprehensive evaluation and diagnosis	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits.
<b>D4910</b>	Periodontal maintenance	Periodontal charting (probing done within past 12 months), diagnosis, detailed narrative regarding the necessity of the periodontal treatment and date of last active periodontal therapy.
<b>PROSTHETICS: D5281, D5860-D5988</b>		
<b>D5281</b>	Removable unilateral partial denture	Current periapical radiograph and narrative specifying the teeth being replaced and the teeth being clasped. Include detailed narrative regarding the reason this treatment is being done instead of a bilateral removable partial denture.
<b>D5860, D5861, D5988</b>	Removable Prosthetic Services	Narrative outlining which teeth are missing and periodontal charting (probing done within past 12 months).
<b>CAST RESTORATIONS: BRIDGES D6205- D6980</b>		
<b>D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794,</b>	Fixed Partial Dentures	Current periapical radiographs with detailed, tooth specific narrative regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.

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<b>BIOPSY: D7285-D7465</b>		
<b>D7285, D7286, D7410, D7450, D7460, D7465</b>	Surgical Procedures	Pathology report and/or detailed narrative indicating specific location of the tissue being removed. Services performed on the lip, cheeks or tongue are not covered.
<b>ORAL AND MAXILLOFACIAL SURGERY: D7111- D7972 (EXCLUDING BIOPSY)</b>		
<b>D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7280, D7282, D7290, D7291, D7320, D7340, D7350, D7471, D7472, D7473, D7485, D7510, D7511, D7530, D7550, D7560, D7910, D7950, D7951, D7953, D7955, D7960, D7970, D7971, D7972</b>	Oral and Maxillofacial Surgery	Current periapical radiographs with detailed narrative, including diagnosis.
<b>D7880</b>	Occlusal orthotic device, by report	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits, such as if TMJ or bruxism related. Allowance by specific group contract.
<b>ADJUNCTIVE PROCEDURES: D9910- D9940</b>		
<b>D9120</b>	Fixed partial denture sectioning	Current periapical radiographs with detailed, tooth specific narrative regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
<b>D9910, D9911</b>	Application of desensitizing medicament or resin	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits.
<b>D9940</b>	Occlusal guard, by report	Detailed narrative outlining necessity of the treatment being done, including diagnosis. Include any additional diagnostic information available to assist in determining benefits, such as if TMJ or bruxism related. Allowance by specific group contract.