



Dental claims review submission requirements

This guide outlines what information UniCare needs to review and pay dental claims accurately and quickly.

What's inside:

- Elements of claims review
- Criteria required for a claim or pre-determination
- How to submit a clean claim
- Required attachments by CDT codes

Elements of claims review

We assess dental claims against generally accepted standards of care, contractual requirements, and Current Dental Terminology (CDT) procedure coding. Your office can ensure timely, accurate payment by providing complete, precise information on your claims. Using correct CDT codes helps us understand what type of service has been delivered and how to pay a claim for that service.

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

Dental review means dental services that a dentist provides to a patient for the purpose of evaluating, diagnosing, or treating a dental injury or disease or its symptoms. The dentist will use sensible clinical judgment when providing dental services. Dental services should be in accordance with the generally accepted standards of dental practice in terms of type, frequency, extent, and considered effective for the patient's dental injury or disease. The dental service is not primarily performed for the convenience of the patient or dentist, is not cosmetic, and is not more costly than an alternative service.

For dental purposes, generally accepted standards of dental practice mean:

- Standards that are based on credible scientific evidence published in peer-reviewed dental literature recognized by the practicing dental community.
- Specialty society recommendations or criteria.
- The views of recognized dentists practicing in the relevant clinical area.
- Any other relevant factors from credible sources.

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

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

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

The plan has a 12-month claims filing limit unless otherwise stated in the plan's contract of limitations.



Criteria required for a claim or pre-determination

Radiographic images

Radiographic images must be pre-treatment, current within 12 months, include an acquisition date, and be properly mounted, labeled, and oriented. The radiographic images must be of diagnostic quality — meaning sufficient contrast and density with no geometric distortion. All periapical radiographic images must include the entire tooth structure from the top of the crown to the apex of the root. Radiographic images cannot be faxed due to loss of diagnostic quality.

Periodontal charting:

- Your documentation should follow 6-point periodontal charting as described by the American Dental Association (ADA) and American Academy of Periodontology (AAP).
- Charts should be labeled and dated within 12 months prior to the submitted procedure.
- For surgical periodontal treatment, periodontal charting after completion of non-surgical periodontal therapy, CDT codes D4341, D4342, and/or periodontal maintenance, CDT code D4910 is required.

Submitted documentation

All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly, only in ink, and contain patient identification (for example, claim number). Failure to provide legible records may result in postponement of determination of benefits and/or denial of payments. Clinical chart notes that are not legible must be transcribed and both the original and transcription must be submitted.

Clinical chart notes

Clinical chart notes are acceptable when the documentation adequately represents the clinical findings, diagnosis, treatment plan, and treatment rendered.



How to submit a clean claim

Did you know missing or incomplete claim submissions may result in the claim being denied or cause delays in claims processing? We identified data required for a complete claim submission, including the below required claims information and the attached required supporting documentation for review.

Data required fields are highlighted in blue

12. Primary subscriber's name and address
13. Primary subscriber's date of birth
15. Primary subscriber's Social Security Number (SSN) or identification number
18. Patient's relationship to the primary subscriber
20. Patient's name
21. Patient's date of birth
24. Procedure date(s)
27. Tooth number(s) or letter(s)
28. Tooth surface and quadrant, if applicable
29. Current CDT procedure code(s)
31. Fee for treatment
36. Patient/guardian signature
43. Replacement of prosthetics (only applies to major services)
44. Date of prior placement (only applies to major services)
48. Legible billing dentist or business name and address
49. Dental entity National Provider Identifier (NPI) number
50. Billing dentist state-issued license number
51. Tax identification number (TIN)
53. Treating dentist's signature
54. Dentist's personal NPI number
55. State-issued dentist license number
56. Physical location where the treatment was rendered

| ADA American Dental Association® Dental Claim Form | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| HEADER INFORMATION | | | | | | | | | | | |
| 1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Predetermination EPD/T: Tite XIX | | | | | | | | | | | |
| 2. Predetermination/Predetermination Number | | | | | | | | | | | |
| POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3) | | | | | | | | | | | |
| 12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code | | | | | | | | | | | |
| 13. Date of Birth (MM/DD/YYYY) 14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 15. Policyholder/Subscriber ID (Assigned by Plan) | | | | | | | | | | | |
| 16. Plan/Group Number 17. Employer Name | | | | | | | | | | | |
| DENTAL BENEFIT PLAN INFORMATION | | | | | | | | | | | |
| 3. Company/Plan Name, Address, City, State, Zip Code | | | | | | | | | | | |
| OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.) | | | | | | | | | | | |
| 4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.) | | | | | | | | | | | |
| 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix) | | | | | | | | | | | |
| 6. Date of Birth (MM/DD/YYYY) 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 8. Policyholder/Subscriber ID (Assigned by Plan) | | | | | | | | | | | |
| 9. Plan/Group Number 10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | | | | | | | | | | | |
| 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code | | | | | | | | | | | |
| PATIENT INFORMATION | | | | | | | | | | | |
| 18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other 19. Reserved For Future Use | | | | | | | | | | | |
| 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code | | | | | | | | | | | |
| 21. Date of Birth (MM/DD/YYYY) 22. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 23. Patient ID/Account # (Assigned by Dentist) | | | | | | | | | | | |
| RECORD OF SERVICES PROVIDED | | | | | | | | | | | |
| 24. Procedure Date (MM/DD/YYYY) 25. Area of Oral Care 26. Tooth System 27. Tooth Number(s) or Letter(s) 28. Tooth Surface 29. Procedure Code 30. Step/Patient 31. City 32. Description 33. Fee | | | | | | | | | | | |
| 34. Missing Teeth Information (Place an "X" on each missing tooth.) | | | | | | | | | | | |
| 35. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-10 = All) 36. Other Fee(s) | | | | | | | | | | | |
| 37. Diagnosis Code(s) A _____ C _____ 38. Total Fee | | | | | | | | | | | |
| 39. Remarks | | | | | | | | | | | |
| AUTHORIZATIONS | | | | | | | | | | | |
| 40. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. | | | | | | | | | | | |
| 41. Patient/Guardian Signature _____ Date _____ | | | | | | | | | | | |
| 42. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity. | | | | | | | | | | | |
| 43. Subscriber Signature _____ Date _____ | | | | | | | | | | | |
| BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.) | | | | | | | | | | | |
| 44. Name, Address, City, State, Zip Code | | | | | | | | | | | |
| 45. NPI 46. License Number 47. SSN or TIN | | | | | | | | | | | |
| 48. Phone Number () - () 49. Additional Provider ID 50. Additional Provider ID | | | | | | | | | | | |
| ANCILLARY CLAIM/TREATMENT INFORMATION | | | | | | | | | | | |
| 51. Place of Treatment (e.g. 11=Office, 22=OP Hospital) 52. Enclosures (Y or N) | | | | | | | | | | | |
| 53. Is Treatment for Orthodontics? <input type="checkbox"/> No (Step 41-42) <input type="checkbox"/> Yes (Complete 41-42) 54. Date Appliance Placed (MM/DD/YYYY) | | | | | | | | | | | |
| 55. Months of Treatment 56. Replacement of Prosthetics <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44) 57. Date of Prior Placement (MM/DD/YYYY) | | | | | | | | | | | |
| 58. Treatment Resulting from <input type="checkbox"/> Occupational Illness/Injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident | | | | | | | | | | | |
| 59. Date of Accident (MM/DD/YYYY) 60. Auto Accident State | | | | | | | | | | | |
| TREATING DENTIST AND TREATMENT LOCATION INFORMATION | | | | | | | | | | | |
| 61. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. | | | | | | | | | | | |
| 62. Signed (Treating Dentist) _____ Date _____ | | | | | | | | | | | |
| 63. NPI 64. License Number | | | | | | | | | | | |
| 65. Address, City, State, Zip Code 66. Provider Specialty Code | | | | | | | | | | | |
| 67. Phone Number () - () 68. Additional Provider ID | | | | | | | | | | | |
| ©2019 American Dental Association 4330 (Same as ADA Dental Claim Form - 4331, 4332, 4333, 4334, 4335) | | | | | | | | | | | |
| To reorder call 800.547.4746 or go online at ADAcatalog.org | | | | | | | | | | | |

Required attachments by CDT codes

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

| Procedure code | Description | Send with claim/pre-determination |
|---|---------------------------------|--|
| Restorative procedures (D2390-D2983) | | |
| D2390 | Resin crown | Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request. |
| D2510-D2664 | Inlays/onlays | Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request. |
| D2710-D2799, D2971 | Crowns | Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request. |
| D2710-D2799 | Crowns specific to third molars | Prior placement date, dated pre-operative periapical radiographic images must include bitewings and opposing arch. Current, dated periodontal charting upon request. |
| D2928-D2929 | Prefabricated ceramic crowns | Dated pre-operative periapical radiographic images. |
| D2930-D2934 | Crowns (stainless steel) | Dated pre-operative periapical radiographic images. |
| D2940 | Protective restoration | Dated pre-operative periapical radiographic images and chart notes. |
| D2950, D2951 | Build-ups, pins | Dated pre-operative periapical radiographic images, and rationale for dental necessity and/or chart notes. |
| D2952-D2957 | Posts and core | Dated pre-operative periapical radiographic images for pre-determination and post-op RCT radiographs for claims, rationale for dental necessity and/or chart notes upon request. |
| D2960-D2962 | Veneers | Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request. |
| D2980-D2983 | Crown repair | Dated pre-operative periapical radiographic images and chart notes/narrative. |



| Procedure code | Description | Send with claim/pre-determination |
|--|--|---|
| Endodontic procedures (D3220-D3920) | | |
| D3220-D3240 | Endodontic therapy | Dated pre-operative periapical radiographic images. |
| D3310-D3348 | Endodontic therapy | Dated pre- and post-operative (for claims) periapical radiographic images. |
| D3351-D3353 | Apexification/ recalcification | Dated pre-operative periapical radiographic images. |
| D3355-D3357 | Pulpal regeneration | Dated pre-operative periapical radiographic images and chart notes. |
| D3410-D3450 | Apicoectomy/ periradicular surgery | Dated pre-operative periapical radiographic images. |
| D3470 | Reimplantation | Dated pre-operative periapical radiographic images. |
| D3471-D3473 | Surgical repair of root resorption | Dated pre-operative periapical radiographic images. |
| D3501-D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption | Dated pre-operative periapical radiographic images and chart notes/narrative. |
| D3920-D3921 | Hemisection | Dated pre- and post-operative periapical radiographic images. |

| Procedure code | Description | Send with claim/pre-determination |
|---|--|---|
| Periodontic procedures (D4210-D4910) | | |
| D4210-D4211 | Gingivectomy | Current, dated periodontal charting (pre- and post-operative root planing) and pre-operative radiographic images, progress or clinical chart notes upon request, intra-oral photographs may be requested for clarification upon request. |
| D4212 | Gingivectomy/ gingivoplasty | Dated pre-operative periapical radiographic images and clinical chart notes, dated current periodontal charting and intra-oral photographs may be requested upon request. |
| D4230-D4231 | Anatomical crown exposure | Pre-operative periapical radiographic images, clinical chart notes, upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request. Periodontal charting is not required. |
| D4240-D4245 | Flap procedures | Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, clinical chart notes upon request, narrative upon request. |
| D4249, D4268 | Crown lengthening | Current, dated periodontal charting, dated pre-operative periapical and bitewing radiographic images, clinical chart notes upon request. |
| D4260-D4261 | Osseous surgery | Current, dated periodontal charting (pre and post root planning), pre-operative periapical radiographic images, progress or clinical chart notes upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request. |
| D4263-D4264 | Bone grafts | Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request. |
| D4265-D4267 | Tissue regeneration | Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request. |
| D4274 | Distal wedge procedure | Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request. |
| D4270-D4285 | Tissue grafts | Current, dated periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters), intra-oral photographs may be requested for clarification. Dated pre-operative periapical radiographic image. |
| D4341-D4342 | Scaling and root planing | Current, dated periodontal charting, dated pre-operative full mouth radiographic images, clinical chart notes upon request; Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review. |
| D4346 | Scaling in presence of generalized moderate or severe inflammation | Current, dated periodontal charting, dated pre-operative full mouth radiographic images, progress or clinical chart notes, and intra-oral photographs may be requested for clarification. |
| D4355 | Full mouth debridement | Dated pre-operative full mouth radiographic images, clinical chart notes, and intra-oral photographs may be requested for clarification. |
| D4381 | Local delivery antimicrobial agent | Current, dated periodontal charting, history of periodontal therapy, pre-operative periapical radiographic images. |
| D4910 | Periodontal maintenance | Current, dated periodontal charting clinical chart notes/ narrative regarding history of periodontal therapy. |



| Procedure code | Description | Send with claim/pre-determination |
|---|--|--|
| Removable prosthodontics (D5110-D5982) | | |
| D5110-D5140, D5211-D5228, D5282, D5283 | Complete and partial denture placement | Prior placement date, dated pre-operative full mouth radiographic images. Clinical chart notes and current, dated periodontal charting upon request. |
| D5410-D5761 | Additional denture codes | Narrative for necessity. |
| D5982 | Surgical stent | Clinical chart notes, narrative for necessity. |
| Implant procedures (D6010-D6190) | | |
| D6010-D6199, D3460 | Implant procedures | Dated pre-operative full mouth radiographic images, current, dated periodontal charting upon request. |
| D6190 | Radiographic/surgical implant index | Narrative for necessity, clinical chart notes upon request. |
| Fixed prosthodontics (D6205-D6999) | | |
| D6205-D6794 | Bridge procedures | Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request. |
| D6920-D6999 | Bridge repairs and misc. procedures | Dated pre-operative periapical radiographic images and clinical chart notes. |

| Procedure code | Description | Send with claim/pre-determination |
|--|--|--|
| Oral and maxillofacial surgery procedures (D7210-D7963) | | |
| D7210-D7251 | Removal of teeth | Dated pre-operative periapical radiographic images, clinical chart notes detailing rationale of care, and operative report. Medical estimate of benefits (EOB) upon request. |
| D7260-D7283, D7287-D7291 | Other oral surgery procedures | Dated pre-operative periapical radiographic images and clinical chart notes and operative report. |
| D7270-D7272 | Reimplantation/ transplantation | Dated pre-operative periapical radiographic images and clinical chart notes and operative report. |
| D7285-D7286 | Biopsies | Pathology report, clinical chart notes and operative report. Radiographs upon request. |
| D7296, D7297 | Corticotomy | Dated pre-operative periapical radiographic images, clinical chart notes and operative clinical chart notes and operative report. Intra-oral photographs upon request. |
| D7310-D7321 | Alveoloplasty | Dated pre-operative periapical radiographic images, clinical chart notes and operative report. |
| D7284, D7410-D7461 | Surgical excision (soft tissue) | Clinical chart notes and operative report. Intra-oral photographic images upon request. |
| D7471-D7490 | Surgical excision (hard tissue) | Dated pre-operative periapical radiographic images, clinical chart notes, and operative report. |
| D7510-D7560 | Surgical incision/ incision and drainage | Dated pre-operative periapical radiographic images, clinical chart notes, and operative report. |
| D7810-D7877 | TMJ surgery | Appropriate radiographic images, clinical chart notes and operative report. Medical <i>EOB</i> upon request. |
| D7880-D7881 | Occlusal device | Clinical chart notes, and operative report. Medical <i>EOB</i> upon request. |
| D7899 | Unspecified TMD therapy by report | Appropriate radiographic images, clinical chart notes and operative report. |
| D7920-D7951, D7970-D7996 | Other surgical repairs | Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report. |
| D7953 | Bone graft | Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report. |
| D7960-D7963 | Frenulectomy/ frenuloplasty | Clinical chart notes, intra-oral photographic images, current dated periodontal charting. |

| Procedure code | Description | Send with claim/pre-determination |
|--|--|---|
| Orthodontics (medically necessary orthodontic care (D8030-D8090)) | | |
| D8030-D8090 | Medically necessary orthodontic treatment | Completed HLD Index Form. Electronic equivalent of orthodontically trimmed study models or ortho cadcam including all views. Orthodontic treatment plan. Surgical treatment plan and letter of medical necessity when appropriate. Intra-oral and extra-oral photographic images. Cephalometric analysis, full mouth or panoramic radiographic images. |
| Adjunctive services (D9120-D9946) | | |
| D9120 | Fixed partial denture sectioning | Dated pre-operative periapical radiographic images, clinical chart notes and operative report. |
| D9222, D9223 | Administration of sedation/general anesthesia | Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the sedation/general anesthesia was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the "Remarks" (Section 35) of the claim form. |
| D9239, D9243, D9246, D9247 | Administration of moderate IV conscious sedation-intravenous and non-intravenous | Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the IV conscious sedation was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the "Remarks" (Section 35) of the claim form. |
| D9610, D9630 | Other drugs/medications | Clinical chart notes including drug/medication name. |
| D9920-D9930 | Behavior management | Clinical chart notes. |
| D9944, D9945, D9946 | Occlusal guards | Clinical chart notes. |
| D9951-D9952 | Occlusal adjustments | Clinical chart notes. |



Learn more about UniCare
programs

unicare.com/ms/dentalproviders/home.html



Sources:

1 A Dentist's Guide to the Law: 246 Things Every Dentist Should Know, Fourth Edition

2 The Risk Management Reference Guide; The Dentists Insurance Company Keith Horner, John Ru, and Vivian E Rushton,

3 Lam, Ernest W. N. & Mallya, Sanjay (Eds.). (2025). White & Pharoah's Oral Radiology: Principles & Interpretation (9th ed.). Elsevier / Mosby. ISBN 978-0-443-11871-5.

For self-funded plans, claims are administered by UniCare Life & Health Insurance Company. Insurance coverage is provided by UniCare Life & Health Insurance Company.