



## Claims Review Submission Guidelines

For claims submission, one or more of the following procedures may be reviewed based on identified patterns of practice using historical claims data and/or review of procedures dictated by dental plans for accurate benefit administration.

These guidelines reference Legacy and Prime and Complete submission requirements and UniCare Clinical Policies where applicable.

### Submission of Radiographic Image Requirements:

Patient identifier, Current (within 12 months), dated, mounted, properly labels and oriented diagnostic (sufficient contrast and density, no geometric distortion) radiographic images.

- All periapical radiographic images must show the entire tooth structures (crown and root including the apex).

| Procedure Code                | Description                     | Send with Claim/Pre-Determination  |
|-------------------------------|---------------------------------|--|
| <b>RESTORATIVE PROCEDURES</b> |                                 |  |
| D2390                         | Resin Crown                     | Dated pre-operative x-rays.  |
| D2510 – D2664                 | Inlays/Onlays                   | Prior placement date, dated pre-operative x-rays including bitewings. Dated periodontal charting, if applicable.                 |
| D2710 – D2799                 | Crowns                          | Prior placement date, dated pre-operative x-rays including bitewings, if applicable. Date periodontal charting, if applicable.   |
| D2710 – D2799                 | Crowns specific to third molars | Prior placement date, dated pre-operative x-rays including bitewings, if applicable. Date periodontal charting, if applicable.   |
| D2930 – D2934                 | Crowns (Stainless Steel)        | Dated pre-operative x-rays.  |
| D2940                         | Protective Restoration          | Dated pre-operative x-rays and chart notes.  |
| D2950, 2951                   | Build-ups, pins                 | Dated pre-operative x-rays, and rationale for dental necessity, if applicable.   |
| D2952 – D2957                 | Posts and core                  | Dated pre-operative x-rays, and rationale for dental necessity, if applicable.   |
| D2960 – D2962                 | Veneers                         | Prior placement date, dated pre-operative x-rays, including bitewings, if applicable. Dated periodontal charting, if applicable. |
| D2980 – D2983                 | Crown Repair                    | Dated pre-operative x-rays.  |
| <b>ENDODONTIC PROCEDURES</b>  |                                 |  |
| D3220 – D3240                 | Endodontic Therapy              | Dated pre-operative x-rays.  |
| D3310 – D3348                 | Endodontic Therapy              | Dated pre and post-operative x-rays.   |
| D3351 – D3353                 | Apexification/Recalcification   | Dated pre-operative x-rays.  |
| D3355 – D3357                 | Pulpal Regeneration             | Dated pre-operative x-rays and chart notes.  |



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|-------------------------------------|--|---|
| D3410 – D3450                       | Apicoectomy/Periradicular Surgery      | Dated pre-operative x-rays.   |
| D3470                               | Reimplantation                         | Dated pre-operative x-rays.   |
| D3920                               | Hemisection                            | Dated pre-operative x-rays.   |
| <b>PERIODONTIC PROCEDURES</b>       |  |   |
| D4210 – D4211                       | Gingivectomy                           | Dated Periodontal charting (pre and post root planing), pre-operative Full Mouth x-rays, progress or chart notes, narrative including dates of pre-operative root planing, intra-oral photographs, if applicable. |
| D4212                               | Gingivectomy/Gingivoplasty             | Dated pre-operative x-rays and chart notes/narrative.   |
| D4240 – D4245                       | Flap procedures                        | Dated Periodontal charting (pre and post root planing), pre-operative x-rays, progress or chart notes, narrative, including dates of pre-operative root planing.  |
| D4249, D4268                        | Crown Lengthening                      | Dated Periodontal charting, Dated pre-operative x-rays, chart notes/narrative.  |
| D4260 – D4261                       | Osseous Surgery                        | Dated Periodontal charting (pre and post root planing), pre-operative Full Mouth x-rays, progress or chart notes, narrative including dates of pre-operative root planing.  |
| D4263 – D4264                       | Bone Grafts                            | Dated Periodontal charting, Dated pre-operative x-rays, progress or chart notes.  |
| D4265 – D4267                       | Tissue Regeneration                    | Dated Periodontal charting, Dated pre-operative x-rays, progress or chart notes.  |
| D4274                               | Distal Wedge Procedure                 | Dated Periodontal charting, Pre-operative x-rays, chart notes.  |
| D4270 – D4285                       | Tissue Grafts                          | Dated Periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters); intraoral photographs.   |
| D4341 – D4342                       | Scaling and Root Planing               | Dated Periodontal charting, Dated pre-operative x-rays, progress or chart notes; for 4 quadrants the amount of time performed.  |
| D4355                               | Full Mouth Debridement                 | Dated pre-operative x-rays and chart notes.   |
| D4381                               | Local Delivery Antimicrobial Agent     | Dated Periodontal charting; history of periodontal therapy.   |
| D4910                               | Periodontal Maintenance                | Dated Periodontal charting, if applicable. Chart notes/narrative regarding history of periodontal therapy.  |
| <b>REMOVABLE PROSTHODONTICS</b>     |  |   |
| D5110 – D5140, D5211 – D5226, D5281 | Complete and Partial Denture Placement | Prior placement date, dated pre-operative x-rays. Chart notes and dated periodontal charting, if applicable.  |
| D5410 – D5761                       | Additional Denture Codes               | Narrative for necessity.  |
| D5982                               | Surgical Stent                         | Chart notes. Narrative for necessity.   |

| Procedure Code   | Description                               | Send with Claim/Pre-Determination  |
|--|---|--|
| <b>IMPLANT PROCEDURES</b>                                  |   |  |
| D6010 – D6199, D3460                                       | Implant Procedures                        | Dated Pre-operative full mouth x-rays, dated periodontal charting.   |
| D6190  | Radiographic/surgical implant index       | Narrative for necessity, progress or chart notes.  |
| <b>FIXED PROSTHODONTICS</b>                                |   |  |
| D6205 – D6794  | Bridge procedures                         | Prior placement date, dated pre-operative full mouth x-rays, dated periodontal charting.   |
| D6290 – D6999  | Bridge repairs & Misc. Procedures         | Dated pre-operative x-rays and chart notes/narrative.  |
| <b>ORAL AND MAXILLOFACIAL SURGERY PROCEDURES</b>           |   |  |
| D7210 – D7251  | Surgical Extraction                       | Pre-Determinations: Dated pre-operative x-rays, treatment notes detailing dental necessity.<br>Claims: Dated pre-operative x-rays and detailed chart notes describing surgical procedure performed.  |
| D7260 – D7283, D7287 – D7291                               | Other Oral Surgery Procedures             | Dated pre-operative x-rays and chart notes.  |
| D7270 – D7272  | Reimplantation/Transplantation            | Dated pre-operative x-rays.  |
| D7285 – D7286  | Biopsies                                  | Pathology Report; x-rays if appropriate.   |
| D7310 – D7321  | Alveoplasty                               | Dated pre-operative x-rays; narrative and progress notes.  |
| D7410 – D7461  | Surgical Excision (soft tissue)           | Chart notes.   |
| D7471 – D7490  | Surgical Excision (hard tissue)           | Dated pre-operative x-rays and chart notes.  |
| D7510 – D7521  | Incision and Drainage                     | Dated pre-operative x-rays and detailed chart notes describing surgical procedure performed and location.  |
| D7530 – D7560  | Surgical Incision                         | Dated pre-operative x-rays and chart notes.  |
| D7810 – D7877  | TMJ Surgery                               | No materials needed.   |
| D7880 – D7881  | Occlusal Device                           | Medical coverage information, narrative for necessity.   |
| D7899  | Unspecified TMD therapy by report         | Diagnosis and detailed chart notes describing the therapy proposed/rendered.   |
| D7920 – D7951, D7970 – D7996                               | Other surgical repairs                    | Dated pre-operative x-rays and chart notes.  |
| D7953  | Bone Graft                                | Dated pre-operative x-rays, progress or chart notes as applicable.   |
| D7960 – D7963  | Frenulectomy/Frenuloplasty                | Chart notes.   |
| <b>ORTHODONTICS (MEDICALLY NECESSARY ORTHODONTIC CARE)</b> |   |  |
| D8030 – D8090  | Medically Necessary Orthodontic Treatment | Completed HLD Index Form (found on our website), orthodontically trimmed study models with wax bites or ortho cadcam electric equivalent including all views, orthodontic treatment plan, when appropriate, surgical treatment plan and letter of medical necessity. |



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|----------------------------|----------------------------------|--|
| <b>ADJUNCTIVE SERVICES</b> |                                  |  |
| D9120                      | Fixed partial denture sectioning | Dated pre-operative x-rays and chart notes.  |
| D9223                      | Deep sedation/General Anesthesia | On the same claim form, submit procedures performed on the same date of services that the sedation/general anesthesia was performed. If the procedures were provided by another practitioner, include these procedures in the “Remarks” (Section 35) of the claims form. Complete anesthesia record indicating start and stop times of anesthesia. |
| D9243                      | IV Conscious Sedation            | On the same claim form, submit procedures performed on the same date of services that the sedation/general anesthesia was performed. If the procedures were provided by another practitioner, include these procedures in the “Remarks” (Section 35) of the claims form. Complete anesthesia record indicating start and stop times of anesthesia. |
| D9610, D9630               | Other Drugs/Medications          | Narrative and progress notes.  |
| D9920 – D9930              | Behavior Management              | Chart notes.   |
| D9940                      | Occlusal Guards                  | Chart notes.   |
| D9951 – D9952              | Occlusal Adjustments             | Chart notes.   |

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