

## DENTAL AND ORAL SURGERY CLAIM DOCUMENTATION GUIDELINES

Each benefits plan defines which services are covered, excluded and subject to dollar caps or other limits. Members and their dentists will need to refer to the member's benefits plan to determine if any exclusions or other benefit limitations apply. In addition, coverage may be mandated by applicable state or federal legal requirements. Unless otherwise noted, all services must be submitted using valid and current Dental Procedures and Nomenclature (CDT®) codes.\* The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.

Restorative		
D2929-D2390 D2542-D2544 D2642-D2644 D2662-D2664 D2710-D2799 D2930 D2960-D2962	Current dated pre-operative radiographs  Prior placement date and rationale for replacement,  if applicable	Restorative services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown root ratio of less than 50%, untreated periapical pathology, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest.
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 ▲	Endodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown root ratio of less than 50%, poor restorability and/or carious destruction of the
D3428-D3429	Current dated pre-operative radiographs ■	clinical crown at or below the osseous crest.
D3431	Narrative ▲ Material Used	Aetna considers BioPure inclusive to the primary endodontic service.  Additionally, the use of irrigants (diluted bleach, sterile water, saline, local

<sup>\*</sup>CDT is a registered trademark of the American Dental Association. Used pursuant to license agreement. Last updated 09/30/19

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). ©2019 Aetna Inc. 68.20.800.1 (3/19)

D3432	Current dated pre-operative radiographs ■	anesthetic, BioPure – as an alternative to diluted bleach and/or other medicaments to irrigate the canal(s) are also considered part of the primary endodontic service. CDT code D9630 should not be submitted for benefits for irrigation.  D3331: Documentation is required to support the obstruction of 50% or more of the length of the tooth. Mid treatment x-rays may be submitted as documentation of the obstruction. D3331 will not be benefited to the same provider that inadvertently causes the obstruction (iatrogenically). D3331 is considered inclusive to retreatment procedures D3346, D3347 and/or D3348.
Periodontal	Based on the American National Standard/American Dental Association Specification No. 1047, Standard Content of an Electronic Periodontal Attachment	
D4210 & D4211	Current dated pre-operative periodontal charting •	Periodontal services may not be covered for teeth exhibiting a poor or
D4212	Narrative <b>▲</b>	questionable prognosis due to advanced periodontal disease, a crown root
D4240 & D4241	Current dated pre-operative periodontal charting   Current dated pre-operative radiographs ■	ratio of less than 50%, untreated periapical pathology, poor restorability and/or carious destruction of the clinical crown at or below the osseous crest.
D4245	Current dated pre-operative periodontal charting •	crest.
D4249	Current dated pre-operative radiographs ■	D4210 & D4211 require 5-8 mm periodontal pocketing to be considered for
D4260 & D4261	Current dated pre-operative periodontal charting   Current dated pre-operative radiographs   ■	benefits. D4210 & D4211 are not benefited when submitted with D4341 & D4342 (scaling and root planing) or D4260 & D4261 (osseous surgery) if
D4263, (First Site in Quadrant), D4266, D4267 D4264 (Each Additional Site in the Quadrant)	Current dated pre-operative periodontal charting ● Identify each site/tooth Current dated pre-operative radiographs ■ Note: A single code for multiple sites is not valid.	performed on the same date of service. D4210 & D4211 are considered inclusive to scaling and root planing, a distal wedge (D4274) and frenectomy procedure (D7960). D4211 will not be benefited for removal of hypertrophied tissue around a partially erupted or impacted tooth where the more appropriate code is D7971 – excision of pericoronal gingiva or operculectomy. D4211 is not benefitted when the more appropriate code is D4212 (gingivectomy or gingivoplasty to allow access for restorative
D4265	Narrative <b>▲</b> Material Used	procedure) or D4230/D4231 (anatomical root exposure).
D4268	Current dated pre-operative radiographs ■ Narrative with tooth/teeth numbers and rationale for surgical revision ▲	D4249 requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. Soft tissue 'crown lengthening' will not be benefited as D4249. A minimum of four to six weeks is required prior to final preparation/impressions to be considered for benefits.



	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 softtissue graft, A chart or narrative containing the following Mucogingival Data  Tooth #  MM Recession  MM Attached Gingiva  MM Attached Keratinized Gingiva  Preoperative photos if available
D4274	Current dated pre-operative periodontal charting   Current dated pre-operative radiographs ■
D4320 & D4321	Current dated pre-operative radiographs ■ Current dated pre-operative periodontal charting ● 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 •

D4260 & D4261 require a comprehensive periodontal charting indicating pocket depths of 5-8 mm. D4260 & D4261 will not be eligible for benefits if a full thickness flap has not been reflected and bone had not been reshaped.

The LANAP technique does not have an ADA CDT code. The procedure is most accurately coded as D4341 - Periodontal Scaling and Root Planing, four or more teeth per quadrant or D4342 - Periodontal Scaling and Root Planing - one to three teeth, per quadrant.

D4341 & D4342 Benefits for D4341 and D4342 require root surface calculus, radiographic bone loss and bleeding upon probing. Additional information such as gingival recession, frenum involvement and furcation defects are also evaluated, but in general, documented 5-8 mm pockets determine benefits.

D4355 will be denied when performed on the same date of service as D0120 (D0145, D0150, D0160 and D0180 will be denied when performed on the same date of service as D4355)

(D1110, D1120, D4341, D4342 and D4346 will be denied when performed on the same date of service as D4355)

D4381 requires a comprehensive periodontal charting indicating a refractory pocket depth of 5 – 7mm. D4381 will not be considered for benefits prior to a minimum of 4 weeks for adequate response to root planing and scaling before reevaluation. D4381 will not be considered eligible for benefits when applied to multiple sites (full quadrant) with pocketing and/or inflammation or when other more extensive periodontal treatment modalities (for example, surgery) may be more appropriate.

There are no specific reporting codes for using a laser to perform periodontal- related procedures. Submissions reporting those procedures as D4999 for the use of the laser are not eligible for benefits.

	stheses	
D58	375	Narrative <b>▲</b>
Imp	olant Services	



De010-De050, De104  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  De052-De079. De052-De079. De062-De088, 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(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the implant placement, but pre-operative to the implant placement, but pre-operative to the implant placement.  De081 Current Post-Operative Radiograph ■ De093, De095, De100 De101, De102, De103 De093, De095, De100 De101, De102, De103 De093, De095, De100 De102, De103 De103, De095, De100 De104, De105, De105 De105, De1064 De205-De6252 De6545 De600-De6634 De701-De794, Extraction dates of teeth to be replaced De701-De794, Dex of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  De701-De704, December of the placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  De701-De704, December of the placement (fixed and/or removable dentures, and rationale), and rationale for replaced Numbers of all missing teeth  De701-De704, December of the placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  De701-De704, December of the placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth			
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 D6082-D6088, D6094-D6099, D6194, D6110- D6117, D6112- D6102, D6103 D6194, D6195 D6082-D6084  Tooth number(s) of proposed treatment (fixed and/or removable dentures, if applicable) Numbers of all missing teeth Tooth number(s) of proposed treatment site(s) The radiographs should be post-operative to the implant placement, but pre-operative to the implant placement, but pre-operative to the implant placement. D6093, D6091, D6093, D6095, D6100 D6101, D6102, D6103 D6093, D6095, D6100 D6205-D6252 D6345 D6205-D6252 D6345 D6349 D6600-D6634 D6710-D6794, D6985 D6985 D6985 D6986 D6986 Current dated full mouth pre-operative radiograph and/or panoramic radiograph and/or prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D6081 Current dated full mouth pre-operative radiographs and/or panoramic radiograph and/or prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D6084 D808-D808-D8098 D8098-D8098-D8099-D8099-D8099-D8099-D80999-D80999-D809999-D809999999999	D6010-D6050, D6104		
Date of prior prosthetic placement (fixed and/or removable dentures, if applicable) Numbers of all missing teeth Tooth number of proposed implants  D6052-D6079. Current dated full mouth pre-operative D6082-D6088, radiographs and/or panoramic radiograph ■ D6094-D6099, Extraction dates of teeth to be replaced D6194, D6110- D6117, D6120- removable dentures, if applicable) Numbers of all missing teeth Tooth number(s) of proposed treatment site(s) The radiographs should be post-operative to the implant placement, but pre-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■ D6090, D6091, Date of prior implant placement D6090, D6091, Date of prior implant placement D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6205-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6349 D6600-D6634 P600-D6634 P600-D6634 P600-D6634 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D641 And Maxillofacial Surgery  D642 And Maxillofacial Surgery  D643 And Maxillofacial Surgery  D644 D6649 D6640-D6644 P600-D6644 P600-D6649 P600-D6			
removable dentures, if applicable) Numbers of all missing teeth  D6052-D6079. Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6094-D6089, Extraction dates of teeth to be replaced D6194, D6110- D6104, D6110- D6105, The radiographs and/or ponoramic radiograph = D6081-D6105, D6105, D6105, D6105 D6123, D6195 Numbers of all missing teeth Tooth number(s) of proposed treatment site(s) ■ The radiographs should be post-operative to the implant placement, but pre-operative to the implant placement, but pre-operative to the implant placement.  D6081 Current Post-Operative Radiograph ■ D6090, D6091, D6100, D6010 D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6095-D6252 D6545 D62652 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6095-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6095-D6252 D6545 D6600-D6634 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D6091 Numbers of all missing teeth  D6092-D6052 D6054 Support of the control		·	
Numbers of all missing teeth Tooth number of proposed implants			
D6052-D6079. Current dated full mouth pre-operative radiographs and/or panoramic radiograph should be post-operative to the crown and /or bridge placement.  D6094. D6104. D6110- D6123. D6195 Narrative A D6094. D6094. D6195. The radiographs should be post-operative to the crown and /or bridge placement. B0995. D6095. D6095			
D6052-D6079. Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Extraction dates of teeth to be replaced D6194, D6110-D6117, D6120- removable dentures, if applicable) Numbers of all missing teeth Tooth number(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  Current Post-Operative Radiograph ■ Current D6101, D6102, D6103 D6093, D6095, D6100 D6101, D6102, D6103 D6205-D6252 D6545 D6349 D6600-D6634 D6710-D6794, D6985 D6349 D6600-D6634 D6985 D6340 D6600-D6634 D6985 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Prosthodontics, fixed D6985 D6100 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D6101 D6104 D6105 D6105 D6252 D6545 D6545 D6546 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth		S .	
D6082-D6088, D6094-D6099, Extraction dates of teeth to be replaced D6194, D6110- Date of prior prosthetic placement (fixed and/or removable dentures, if applicable) D6123, D6195 Numbers of all missing teeth Tooth number(s) of proposed treatment site(s) ■ The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■ D6090, D6091, Date of prior implant placement D6090, D6091, Date of prior implant placement D6101, D6102, D6100 Date of prior implant placement D6205-D6252 D6545 SD6545 SD6549 D6600-D6634 D6600-D6634 Extraction dates of teeth to be replaced Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D621 And Maxillofacial  D840 P6600-D6640 P66640 Pofford Porton Post-Operative radiograph and/or carious destruction of the clinical crown at or below the osseous crest.  D851 P052 P06252 D6545 SD645 SD740 P0600-D6694, D6600-D6694, D6600-D66000-D66		·	
D6094-D6099, Date of prior prosthetic placement (fixed and/or removable dentures, if applicable) Numbers of all missing teeth Tooth number(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  Current Post-Operative Radiograph  Current Post-Operative Radiograph  Date of prior implant placement  Current Post-Operative Radiograph ■  Current dated full mouth pre-operative radiograph and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 D6549 D6600-D6634 D6600-D6634 D6600-D6634 D6600-D6634 D6600-D6634 D6600-D6634 D6710-D6794, D6985  Current dated full mouth pre-operative radiograph ■ Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restora and/or carious destruction of the clinical crown at or below the osseous crest.  Coral And Maxillofacial  Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale) and rationale for replacement if applicable Numbers of all missing teeth  Coral And Maxillofacial  Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale) and rationale for replacement if applicable Numbers of all missing teeth			
Date of prior prosthetic placement (fixed and/or removable dentures, if applicable) Numbers of all missing teeth Tooth number(s) of proposed treatment site(s)  • The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081  Current Post-Operative Radiograph ■ D6090, D6091, D6102, D6103 D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Prosthodontics, fixed D6205-D6255 D6545 D6549 D6600-D6634 D6710-D6794, D685  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, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Coral And Maxillofacial  Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth			
D6117, D6120- D6123, D6195  Numbers of all missing teeth Tooth number(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081  Current Post-Operative Radiograph ■  D6090, D6091, D6093, D6095, D6100 Date of prior implant placement  Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, D6985  Current dated full mouth pre-operative radiograph sand/or panoramic radiograph sand/or carious destruction of the clinical crown at or below the osseous crest.  Coral And Maxillofacial Surgery	,	·	
Numbers of all missing teeth Tooth number(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■ D6090, D6091, D6100 Date of prior implant placement  D6101, D6102, D6100 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationalefor replacement if applicable Numbers of all missing teeth  D6101 And Maxillofacial Surgery  Numbers of all missing teeth  D6102 D6103 D6103 D6103 D6104 D610			
Tooth number(s) of proposed treatment site(s)  The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■  D6090, D6091, D6092, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 D6545 D6549 D6600-D6634 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationalefor replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery  Tooth number (s) of proposed treatment site(s)  **The radiographs should be post-operative to the implant placement site(s)  **Prosthodontics of teeth exhibiting a poor of questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restora and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery			
The radiographs should be post-operative to the implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■  D6090, D6091, D6093, D6095, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 D6545 D6545 D6549 D6600-D6634 D6710-D6794, Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Dral And Maxillofacial Surgery  Terms to determine the properative to the implant placement to the implant placement of the corrective to the crown and /or bridge placement.  Prosthodontics services may not be covered for teeth exhibiting a poor of questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery	D6123, D6195	9	
implant placement, but pre-operative to the crown and /or bridge placement.  D6081 Current Post-Operative Radiograph ■  D6090, D6091, Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiograph and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  D6710-D6794, Date of prior implant placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery  Current Post-Operative Radiograph ■  Prosthodontics services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery			
Corwn and /or bridge placement.  D6081 Current Post-Operative Radiograph ■  D6090, D6091, Narrative ▲ D6093, D6095, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  D6205-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, Extraction dates of teeth to be replaced Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  D7al And Maxillofacial Surgery  Current Post-Operative Radiograph ■ Prosthodontic services may not be covered for teeth exhibiting a poor of questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  D7al And Maxillofacial Surgery			
D6090, D6091, D6095, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiograph and/or panoramic radiograph and/or carious destruction of the clinical crown at or below the osseous crest.  D6985 D620 And Maxillofacial Surgery		· · · · · · · · · · · · · · · · · · ·	
D6090, D6091, D6102, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restora and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery	D.6004	· · · · · · · · · · · · · · · · · · ·	
D6093, D6095, D6100 Date of prior implant placement  D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■ Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery  Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationalefor replacement if applicable Numbers of all missing teeth		·	
D6101, D6102, D6103 Current dated full mouth pre-operative radiographs and/or panoramic radiograph ■  Prosthodontics, fixed  D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, D6985 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationalefor replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery  Prosthodontic services may not be covered for teeth exhibiting a poor of questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery	·		
Prosthodontics, fixed  D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, D6985 Date of prior prosthetic placement if applicable numbers of all missing teeth  Oral And Maxillofacial  Date of panoramic radiograph ■ Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery		· · · · · · · · · · · · · · · · · · ·	
D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery  Current dated full mouth pre-operative radiographs and/or properative radiographs and/or panoramic radiograph ■  Extraction dates of teeth to be replaced questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery	D6101, D6102, D6103	1 1 9 1	
D6205-D6252 D6545 D6549 D6600-D6634 D6710-D6794, D6985 Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery  Prosthodontic services may not be covered for teeth exhibiting a poor or questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery		and/or panoramic radiograph ■	
D6549 D6600-D6634 and/or panoramic radiograph  questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery  questionable prognosis due to advanced periodontal disease, a crown to root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.			
D6710-D6794, Extraction dates of teeth to be replaced root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.  Oral And Maxillofacial Surgery  root ratio of less than 50%, untreated periapical pathology, poor restoral and/or carious destruction of the clinical crown at or below the osseous crest.		1 1 9 1	
Date of prior prosthetic placement (fixed and/or removable dentures, and rationale), and rationale for replacement if applicable  Numbers of all missing teeth  Oral And Maxillofacial Surgery  And/or carious destruction of the clinical crown at or below the osseous crest.		, , ,	
removable dentures, and rationale), and rationale for crest. replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery	·	•	
replacement if applicable Numbers of all missing teeth  Oral And Maxillofacial Surgery	D6985	· · · · · · · · · · · · · · · · · · ·	
Numbers of all missing teeth  Oral And Maxillofacial Surgery		The state of the s	crest.
Oral And Maxillofacial Surgery		·	
	Ovel And Marrillefeein		
D7210 D7240 Current dated full mouth are enerative			
	D7210-D7240	Current dated full mouth pre-operative	
radiographs and/or panoramic radiograph ■			
All 3 <sup>rd</sup> molar extractions on patients age 15 or under		1 0	
to include rationale for extraction	D7044		
D7241 Current dated full mouth pre-operative	D/24T	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	
D7450-D7461	Current dated pre-operative radiographs	
D7950-D7953	Current dated full mouth pre-operative	
	radiographs and/or panoramic radiograph	
	Narrative describing the planned prosthetic	
	reconstruction A	
	Number of missing tooth or area	
	Numbers of all missing teeth	
Miscellaneous		
D9130	PT evaluation/data sheets – A written plan of	The written plan of care must include the diagnosis, date of onset or
	care	exacerbation of the disorder, long-term and short-term goals that
		are specific, quantitative and objective, a reasonable estimate of
	This form is to be used for the 1st submission	when the goals will be reached, the frequency and duration of
	of D9130	treatment and the specific treatment techniques and/or exercises to
	This form is to be used for the 26th	be used in
	submission of D9130	treatment. The plan must include signatures of the patient's attending
D0222	C	dentist and physical therapist if applicable.
D9223,	Current dated pre-operative radiographs	D9223, D9243 and D9248 (D9222, D9239 effective 1/1/2018) will be considered eligible for benefits when one or more of the following criteria
D9243 D9248	- Name - A	are met:
D9222, D9239	Narrative Aparthesis Research	<ul> <li>Placement of two or more endosteal implants (D6010) on the same</li> </ul>
(effective 1/1/2018)	Anesthesia Records	date of service or placement of one eposteal (D6040) or transostea
		(D6050) implant.
		<ul> <li>Removal of one or more impacted teeth on the same day (applies t</li> </ul>
		codes D7230, D7240, D7241 and D7251).
		The extraction of five or more teeth.
		<ul> <li>More than one surgical extraction (D7210, D7220 and D7250)</li> </ul>
		involving more than one quadrant on the same day.
		Full edentulous arch alveoplasty or alveolectomy (applies to code D7320 –
		two quadrants).



•	One or more quadrants of periodontal surgery performed on the
	same day qualify for General Anesthesia (GA) (D4240-D4241,
	D4260-D4261). Osseous and soft tissue grafts (D4263, D4264,
	D4270, D4271, D4273, D4275, D4276, D4277, D4278, D4283, D4285)
	do not separately qualify for GA
_	Surgical root recovery from the mavillary antrum (cinus)

- Surgical root recovery from the maxillary antrum (sinus).
- Tooth transplantation.
- Surgical access of one or more unerupted teeth (D7280)
- Full arch stomatoplasty/vestibuloplasty.
- Radical excision of lesions in excess of 1.25 cm (1/2in.).

Removal of one (or more) exostosis(es) code D7471 – D7485.

- Radical resection or ostectomy with or without bone graft.
- Two or more implant removal (D6100) performed on the same day.
- Two or more D7950 performed on the same day.

D9952	Current dated pre-operative radiographs■
	Narrative ▲
By Report" proced	ures
D2999 D3999	Narrative describing specific clinical
D4999 D5899	conditions addressed by the procedure,
D5999 D6199	rationale demonstrating need, pertinent
D6999 D7999	history and treatment plan ▲
D8999 D9999	Radiographs, if applicable, to assist in
	describing clinical condition ■
<b>General Comment</b>	S
•	QUALITY OF 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 less than 36 months old
	and labeled with the patient's name and the
	provider's name and address. <b>DO NOT SEND</b>
	ORIGINAL RADIOGRAPHS SINCE THEY WILL NOT
	BE RETURNED. ELECTRONIC IMAGES OF THE
	RADIOGRAPHS WILL BE RETAINED BY AETNA.
•	PERIODONTAL CHARTING: Must be
	comprehensive full mouth, legible, dated,
	documented with probing depths (up to six per



	tooth), recorded in mm. per tooth, labeled right and left, mandibular and maxillary, with classified furcation defects and tooth mobility recorded as 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree. May also include gingival margins, the amount of keratinized tissue, and amount of remaining attached gingiva and level of recession.
<b>A</b>	WRITTEN NARRATIVES: Must be clear, legible and provide rationale for the proposed treatment.  Example: describes specific clinical conditions addressed by the procedure.
	These guidelines represent frequently submitted procedures which require attachments and are not all inclusive. There may be other dental procedures not listed which require additional documentation. Submit only a completed claim for routine dental procedures such as cleanings and
	minor restorations, unless otherwise requested.

