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# **Dental Clinical Criteria and Documentation Requirements**

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(Documentation requirements for claim submissions are located in a separate section of this booklet following the Dental Clinical Criteria.)

# Dental Clinical Criteria

## Clinical Criteria

The criteria outlined in this booklet are based on procedure codes as defined in the American Dental Association's (ADA) Current Dental Terminology CDT 2005 manual.

These criteria were formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, as well as other dental related organizations. They are designed as *guidelines* for consideration of payment and payment decisions and *are not intended to be all-inclusive or absolute*.

Requests for information regarding treatment using these codes, such as radiographs, periodontal charting, or descriptive narratives, are determined by generally accepted dental standards for consideration of payment. Additional narrative information is appreciated when there may be a special situation.

Unspecified codes (e.g., D0999, D2999, D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999) will be clinically reviewed and considered for payment if a narrative and/or appropriate radiographs are included with the claim.

In some instances, the State legislature will define the requirements for dental procedures.

## Cast Restorations and Veneer Procedures

### Radiographic documentation needed for consideration of payment:

- Pre-operative radiograph of the teeth to be treated: bitewings, periapicals or panorex.

A request for a  $\frac{3}{4}$  cast crown, full cast crown or cast onlay must meet the following criteria:

#### CDT Codes:

D2542	D2712	D2782
D2543	D2720	D2783
D2544	D2721	D2790
D2642	D2722	D2791
D2643	D2740	D2792
D2644	D2750	D2794
D2662	D2751	D2971
D2663	D2752	
D2664	D2780	
D2710	D2781	

- Treatment will be limited to permanent teeth.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.

- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve three or more surfaces and at least 50% of the incisal edge. Missing incisal edge must not be due to wear.
- The patient must be free of any active periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent anterior teeth. If any allowance is made for a temporary crown, this will be deducted from the permanent crown allowance.
- If there is previous endodontic treatment, the root canal fill must be adequate (not poorly condensed, not excessively overfilled, not excessively underfilled).
- Teeth must exhibit a minimum of 50% bone support.

A request for core build-up, prefabricated post and core, or cast post and core procedures must meet the following criteria:

CDT Codes:

D2950	D2954
D2952	D2957
D2953	

- A core build-up will only be allowed, prior to a permanent crown restoration, on teeth that have significant breakdown of the clinical crown making the restoration necessary for support of a proposed crown.
- A cast core and dowel or pre-fabricated post and core will only be allowed on teeth having/needing endodontic treatment.
- Teeth must exhibit greater a minimum of 50% bone support.

A request for a porcelain or composite veneer must meet the following criteria:

CDT Codes:

D2960  
D2961  
D2962

- Treatment will be limited to anterior permanent teeth.

- All criteria that would qualify a tooth for a ¾ cast crown, full cast crown or onlay would apply to veneers.

## **Crown Repair**

### **Written and/or photographic documentation needed for consideration of payment:**

- Narrative describing treatment and/or photograph.

A request for crown repair procedures must meet the following criteria:

CDT Code:  
D2980

- Tooth must be a permanent tooth.
- The crown will be serviceable once repaired.
- Narrative and/or photograph is needed to support treatment.

## **Endodontic Procedures – Section 1**

### **Radiographic and written documentation needed for consideration of payment:**

- Pre-operative radiographs of the teeth to be treated: bitewings, periapicals or panorex.
- Narrative describing treatment required for D3332.

A request for direct pulp cap must meet **at least one** of the following criteria:

CDT Code:  
D3110

- Caries or fracture presents close approximation to pulpal area as supported by radiographs.
- Periapical radiolucency or widening of the periodontal ligament in the apical region as supported by radiographs.
- Extensive breakdown in coronal tooth structure as supported by radiographs.
- The presence of a large restoration that presents close approximation to pulpal area as supported by radiographs.

- Apical pathology or a draining fistula.
- The presence of lingering pain from percussion or temperature.
- Not allowable for primary teeth
- Teeth must exhibit a minimum of 50% bone support

A request for incomplete endodontic therapy; inoperable or fractured tooth must meet the following criteria:

CDT Code:  
D3332

- Includes time necessary to diagnose and initiate treatment, prior to fracture being diagnosed and tooth determined to be untreatable.
- Narrative is needed to support treatment.
- Teeth must exhibit a minimum of 50% bone support

A request for apexification/recalcification procedures must meet the following criteria:

CDT Code:  
D3351

- Initial visit: Proposed tooth must exhibit an open apex indicating proper apical seal cannot be attained through traditional endodontic therapy as supported by radiographs.
- Teeth must exhibit a minimum of 50% bone support

## **Endodontic Procedures – Section 2**

### **Radiographic documentation needed for consideration of payment:**

- Post-operative radiographs showing adequate root canal fill (not poorly condensed, not excessively overfilled, not excessively underfilled).

A request for root canal therapy must meet **at least one** of the following criteria:

CDT Codes:

D3310

D3320

D3330

- Caries or fracture presents close approximation to pulpal area as supported by radiographs.
- Periapical radiolucency or widening of the periodontal ligament in the apical region as supported by radiographs.
- Extensive breakdown in coronal tooth structure as supported by radiographs.
- The presence of a large restoration that presents close approximation to pulpal area as supported by radiographs.
- Apical pathology or a draining fistula.
- The presence of lingering pain from percussion or temperature.
- Teeth must exhibit a minimum of 50% bone support

A request for apexification/recalcification procedures must meet the following criteria:

CDT Code:

D3353

- Initial visit: Proposed tooth must exhibit an open apex indicating proper apical seal cannot be attained through traditional endodontic therapy as supported by radiographs.
- Teeth must exhibit a minimum of 50% bone support

**Endodontic Procedures – Section 3**

**Radiographic and written documentation needed for consideration of payment:**

- Pre-operative radiographs of the teeth to be treated: bitewings, periapicals or panorex.
- Post-operative radiographs showing adequate root canal fill (not poorly condensed, not excessively overfilled, not excessively underfilled).
- Narrative describing treatment required for D3331 and D3333.

A request for treatment of root canal obstruction - non-surgical access must meet the following criteria:

CDT Code:

D3331

- The formation of a pathway to achieve an apical seal due to a non-negotiable canal or foreign body obstruction.
- Narrative is needed to support treatment.
- Teeth must exhibit a minimum of 50% bone support

A request for internal root repair of perforation must meet the following criteria:

CDT Code:

D3333

- Must be caused by resorption or decay, not iatrogenic in nature.
- Narrative is needed to support treatment.
- Teeth must exhibit a minimum of 50% bone support

A request for endodontic re-treatment must meet **at least one** of the following criteria:

CDT Codes:

D3346

D3347

D3348

- The existing root canal fill is inadequate (poorly condensed, overfilled, underfilled).
- Apical pathology or a draining fistula.
- Lingering pain from percussion or temperature.
- Teeth must exhibit a minimum of 50% bone support



A request for apicoectomy/periradicular procedures must meet **at least one** of the following criteria:

CDT Codes:

D3410	D3425	D3430
D3421	D3426	D3450
D3920		

- The existing root canal fill is inadequate (poorly condensed, overfilled, underfilled).
- Apical pathology or a draining fistula.
- Lingering pain from percussion or temperature.
- Teeth must exhibit a minimum of 50% bone support

**Periodontal Procedures**

**Radiographic and written documentation needed for consideration of payment:**

- Pre-operative radiographs of the teeth to be treated: periapicals or bitewings preferred (not required for D4270, D4271 and D4273).
- Complete periodontal charting with American Academy of Periodontology (AAP) Case Type (not required for D4210, D4211, D4249, D4274, D4275, D4276, D4341 and D4342).
- Narrative describing treatment required for D4270, D4271 and D4273.

A request for gingivectomy or gingivoplasty must meet the following criteria:

CDT Code:

D4210

- A history of root planing or curettage within the last three (3) months.
- Generalized pocketing greater than 5mm.
- Limited to classification Type III and Type IV cases only.  
or
- For patients currently taking dilantin or cyclosporin medication.

A request for clinical crown lengthening or single tooth gingivectomy must meet the following criteria:

CDT Codes:

D4211

D4249

- A minimum of 50% bone support after crown lengthening procedure is anticipated.
- Tooth has coronal fracture or caries below the periodontal attachment approximating the bone level prior to procedure.
- Not to be performed on the same date of service as the restorative procedure.

A request for gingival flap surgery or osseous surgery must meet the following criteria:

CDT Codes:

D4240

D4241

D4260

D4261

- Generalized pocketing greater than 5mm.
- Limited to classification Type III and Type IV cases only.

A request for bone replacement grafts must meet the following criteria:

CDT Codes:

D4263

D4264

D4265

- Radiographically verifiable vertical bone loss.
- Procedure does not involve an extraction site.

A request for soft tissue graft procedures must meet the following criteria:

CDT Codes:

D4265

D4271

D4275

D4270

D4273

D4276

- A single site is defined as one (1) tooth.

- Narrative is needed to support treatment for D4270, D4271 and D4273.

A request for a distal or proximal wedge must meet the following criteria:

CDT Code:

D4274

- Not to be performed with osseous surgery on the same date of service.

A request for periodontal scaling must meet the following criteria:

CDT Codes:

D4341

D4342

- At least one of the following must be present:
  - 1) Radiographic evidence of root surface calculus.
  - 2) Radiographic evidence of noticeable loss of bone support.

Periodontal scaling and root planing, per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e., late Type II, III, IV periodontitis) where definitive comprehensive root planing requiring local/regional block anesthesia and several appointments would be indicated.

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planing:  
“Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planing, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus, or contaminated with toxins or microorganisms. Periodontal scaling and root planing are arduous and time consuming. They may need to be repeated and may require local anesthetic.”

## Removable Prosthodontic Procedures (Full and Partial Dentures)

### Written documentation needed for consideration of payment:

- Completed missing tooth chart.

A request for a full or partial denture must meet the following criteria:

#### CDT Codes:

D5211	D5225
D5212	D5226
D5214	D5281
D5213	

- Prior treatment has eliminated untreated caries or active periodontal disease in the abutment teeth, and abutments must be at minimum 50% supported in bone.
- Provision has been made to instruct the patient in the proper care of the prosthesis.
- In general, the partial denture replaces one or more teeth excluding third molars, and it can be demonstrated that masticatory function has been severely impaired. The replacement teeth should be anatomically full-sized teeth.

## Fixed Prosthodontic Procedures (Bridges)

### Radiographic documentation needed for consideration of payment:

- Pre-operative radiographs of the teeth to be treated: bitewings, periapicals or panorex.

A request for a fixed bridge pontic or retainer must meet the following criteria:

#### CDT Codes:

D6205 - D6252  
D6545 - D6548  
D6600 - D6634  
D6710 - D6792, D6794

- All abutment teeth must exhibit a minimum of 50% bone support.
- The patient must be free of any active periodontal disease.
- If there is previous endodontic treatment, the root canal fill must be adequate (not poorly condensed, not excessively overfilled, not excessively underfilled).

A request for crown build-up, prefabricated post and core, or cast post and core procedures must meet the following criteria:

CDT Codes:

D6970 - D6973

D6976

D6977

- A core build-up will only be allowed, prior to a permanent crown restoration, on teeth that have significant breakdown of the clinical crown making the restoration necessary for support of a proposed crown.
- A cast core and dowel or pre-fabricated post and core will only be allowed on teeth having/needing endodontic treatment.

**Fixed Partial Denture Repair**

**Written and/or photographic documentation needed for consideration of payment:**

- Narrative describing treatment and/or photograph.

A request for fixed partial denture repair procedures must meet the following criteria:

CDT Code:

D6980

- Tooth must be a permanent tooth or pontic replacing permanent tooth.
- The crown and/or pontic will be serviceable once repaired.
- Narrative and/or photograph is needed to support treatment.

# Claim Documentation Requirements

## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D0999	Unspecified diagnostic procedure, by report	Narrative, radiographs, if applicable
D2542	Onlay-metallic-2 surfaces	Pre-operative radiographs
D2543	Onlay-metallic-3 surfaces	Pre-operative radiographs
D2544	Onlay-metallic-4+ surfaces	Pre-operative radiographs
D2642	Onlay-porcelain/ceramic 2 surfaces	Pre-operative radiographs
D2643	Onlay-porcelain/ceramic 3 surfaces	Pre-operative radiographs
D2644	Onlay-porcelain/ceramic 4+ surfaces	Pre-operative radiographs
D2662	Onlay-resin-based composite 2 surfaces (laboratory processed)	Pre-operative radiographs
D2663	Onlay-resin-based composite 3 surfaces (laboratory processed)	Pre-operative radiographs
D2664	Onlay-resin-based composite 4+ surfaces (laboratory processed)	Pre-operative radiographs
D2710	Crown-resin (indirect)	Pre-operative radiographs
D2712	Crown-3/4 resin-based composite (indirect)	Pre-operative radiographs
D2720	Crown-resin with high noble metal	Pre-operative radiographs
D2721	Crown-resin with predominantly base metal	Pre-operative radiographs
D2722	Crown-resin with noble metal	Pre-operative radiographs
D2740	Crown-porcelain/ceramic substrate	Pre-operative radiographs
D2750	Crown-porcelain fused to high noble metal	Pre-operative radiographs
D2751	Crown-porcelain fused to predominately base metal	Pre-operative radiographs
D2752	Crown-porcelain fused to noble metal	Pre-operative radiographs
D2780	Crown-3/4 cast high noble metal	Pre-operative radiographs
D2781	Crown-3/4 cast predominately base metal	Pre-operative radiographs
D2782	Crown-3/4 cast noble metal	Pre-operative radiographs
D2783	Crown-3/4 porcelain/ceramic	Pre-operative radiographs
D2790	Crown-full cast high noble metal	Pre-operative radiographs
D2791	Crown-full cast predominately base metal	Pre-operative radiographs

## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D2792	Crown-full cast noble metal	Pre-operative radiographs
D2794	Crown-titanium	Pre-operative radiographs
D2950	Core buildup, including any pins	Pre-operative radiographs
D2952	Cast post & core in addition to crown	Pre-operative radiographs
D2953	Each additional cast post (same tooth)	Pre-operative radiographs
D2954	Pre-fab post & core in addition to crown	Pre-operative radiographs
D2957	Each additional prefabricated post (same tooth)	Pre-operative radiographs
D2960	Labial veneer (laminate)-chairside	Pre-operative radiographs
D2961	Labial veneer (resin laminate)-laboratory	Pre-operative radiographs
D2962	Labial veneer (porcelain laminate)-laboratory	Pre-operative radiographs
D2971	Additional procedures to construct new crown under existing partial denture framework	Pre-operative radiographs
D2980	Crown repair, by report	Narrative and/or photograph
D2999	Unspecified major crown procedure, by report	Narrative, radiographs, if applicable
D3110	Direct pulp cap	Pre-operative radiographs
D3310	Anterior root canal therapy (excluding restoration)	Post-operative radiographs
D3320	Bicuspid root canal therapy (excluding restoration)	Post-operative radiographs
D3330	Molar root canal therapy (excluding restoration)	Post-operative radiographs
D3331	Treatment of root canal obstruction non-surgical	Pre- and post-operative radiographs, narrative
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	Pre-operative radiographs, narrative
D3333	Internal root repair of perforation defects	Pre- and post-operative radiographs, narrative
D3346	Retreatment of anterior root canal	Pre- and post-operative radiographs
D3347	Retreatment of bicuspid root canal	Pre- and post-operative radiographs
D3348	Retreatment of molar root canal	Pre- and post-operative radiographs
D3351	Apexification/recalcification-initial visit	Pre-operative radiographs



## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D3353	Apexification/recalcification-final visit	Post-operative radiographs
D3410	Apicoectomy/periradicular surgery anterior	Pre- and post-operative radiographs
D3421	Apicoectomy/periradicular surgery-bicuspid	Pre- and post-operative radiographs
D3425	Apicoectomy/periradicular surgery-molar	Pre- and post-operative radiographs
D3426	Apicoectomy/periradicular surgery (each additional root)	Pre- and post-operative radiographs
D3430	Retrograde filling (per root)	Pre- and post-operative radiographs
D3450	Root amputation (per root)	Pre- and post-operative radiographs
D3920	Hemisection (including root removal, not including root canal)	Pre- and post-operative radiographs
D3999	Unspecified endodontic procedure, by report	Narrative, radiographs, if applicable
D4210	Gingivectomy or gingvioplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	Pre-operative radiographs
D4211	Gingivectomy or gingvioplasty-1 to 3 teeth per quadrant	Pre-operative radiographs
D4240	Gingival flap procedure including root planning-four or more contiguous teeth or bounded teeth spaces per quadrant	Pre-operative radiographs, periodontal charting
D4241	Gingival flap procedure including root planning-1 to 3 teeth per quadrant	Pre-operative radiographs, periodontal charting
D4249	Clinical crown lengthening-hard tissue	Pre-operative radiographs
D4260	Osseous surgery-(including entry & closure)-four or more contiguous teeth or bounded teeth spaces per quadrant	Pre-operative radiographs, periodontal charting
D4261	Osseous surgery-1 to 3 teeth	Pre-operative radiographs, periodontal charting
D4263	Bone replacement graft-1st site in quadrant	Pre-operative radiographs, periodontal charting
D4264	Bone replacement graft-each additional site in quadrant	Pre-operative radiographs, periodontal charting
D4265	Biological materials-regeneration	Pre-operative radiographs, periodontal charting

## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D4270	Pedicle soft tissue graft	Periodontal charting, narrative
D4271	Free soft tissue graft (including donor site)	Periodontal charting, narrative
D4273	Subepithelial connective tissue graft procedures	Periodontal charting, narrative
D4274	Distal or proximal wedge procedure	Pre-operative radiographs
D4275	Soft tissue allograft	Pre-operative radiographs
D4276	Connective tissue-pedicle graft	Pre-operative radiographs
D4341	Periodontal scaling and root planing-four or more teeth per quadrant	Pre-operative radiographs
D4342	Periodontal scaling and root planing-1 to 3 teeth	Pre-operative radiographs
D4999	Unspecified periodontal procedure, by report	Narrative, radiographs, if applicable
D5211	Maxillary partial denture, resin base	Missing tooth chart completed
D5212	Mandibular partial denture-resin base	Missing tooth chart completed
D5213	Maxillary partial denture-cast metal framework, resin base	Missing tooth chart completed
D5214	Mandibular partial denture-cast metal framework, resin base	Missing tooth chart completed
D5225	Maxillary partial denture-flexible base (including any clasps, rests and teeth)	Missing tooth chart completed
D5226	Mandibular partial denture-flexible base (including any clasps, rests and teeth)	Missing tooth chart completed
D5281	Removable unilateral partial denture one piece cast metal	Missing tooth chart completed
D5899	Unspecified removable prosthodontic procedure	Narrative, radiographs, if applicable
D5999	Unspecified maxillofacial prosthesis, by report	Narrative, radiographs, if applicable
D6205	Pontic-indirect resin based composite	Pre-operative radiographs
D6210	Pontic-cast high noble metal	Pre-operative radiographs
D6211	Pontic-cast predominately base metal	Pre-operative radiographs

## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D6212	Pontic-cast noble metal	Pre-operative radiographs
D6214	Pontic-titanium	Pre-operative radiographs
D6240	Pontic-porcelain fused to high noble metal	Pre-operative radiographs
D6241	Pontic-porcelain fused to predominately base metal	Pre-operative radiographs
D6242	Pontic-porcelain fused to noble metal	Pre-operative radiographs
D6245	Pontic-porcelain/ceramic	Pre-operative radiographs
D6250	Pontic-resin with high noble metal	Pre-operative radiographs
D6251	Pontic-resin with predominately base metal	Pre-operative radiographs
D6252	Pontic-resin with noble metal	Pre-operative radiographs
D6545	Retainer-cast metal for resin bonded fixed prosthesis	Pre-operative radiographs
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	Pre-operative radiographs
D6600	Inlay-porcelain/ceramic 2 surfaces	Pre-operative radiographs
D6601	Inlay-porcelain/ceramic 3+ surfaces	Pre-operative radiographs
D6602	Inlay-metal with high noble 2 surfaces	Pre-operative radiographs
D6603	Inlay-metal with high noble 3+ surfaces	Pre-operative radiographs
D6604	Inlay-metal base 2 surfaces	Pre-operative radiographs
D6605	Inlay-metal base 3+ surfaces	Pre-operative radiographs
D6606	Inlay-metal noble 2 surfaces	Pre-operative radiographs
D6607	Inlay-metal noble 3+ surfaces	Pre-operative radiographs
D6608	Onlay-porcelain/ceramic 2 surfaces	Pre-operative radiographs
D6609	Onlay-porcelain/ceramic 3+ surfaces	Pre-operative radiographs
D6610	Onlay-metal with high noble 2 surfaces	Pre-operative radiographs
D6611	Onlay-metal with high noble 3+ surfaces	Pre-operative radiographs
D6612	Onlay-metal base 2 surfaces	Pre-operative radiographs
D6613	Onlay-metal base 3+ surfaces	Pre-operative radiographs
D6614	Onlay-metal noble 2 surfaces	Pre-operative radiographs

## Documentation Requirements for Dental Claims

CDT Code	Description of Procedure	Documentation Required with Claim
D6615	Onlay-metal noble 3+ surfaces	Pre-operative radiographs
D6624	Inlay-titanium	Pre-operative radiographs
D6634	Onlay-titanium	Pre-operative radiographs
D6710	Crown-indirect resin based composite	Pre-operative radiographs
D6720	Crown-resin with high noble metal	Pre-operative radiographs
D6721	Crown-resin with predominately base metal	Pre-operative radiographs
D6722	Crown-resin with noble metal	Pre-operative radiographs
D6740	Crown-porcelain/ceramic	Pre-operative radiographs
D6750	Crown-porcelain fused to high noble metal	Pre-operative radiographs
D6751	Crown-porcelain fused to predominately base metal	Pre-operative radiographs
D6752	Crown-porcelain fused to noble metal	Pre-operative radiographs
D6780	Crown-3/4 cast high noble metal	Pre-operative radiographs
D6781	Crown-3/4 cast predominately base metal	Pre-operative radiographs
D6782	Crown-3/4 cast noble metal	Pre-operative radiographs
D6783	Crown-3/4 porcelain/ceramic	Pre-operative radiographs
D6790	Crown-full cast high noble metal	Pre-operative radiographs
D6791	Crown-full cast predominately base metal	Pre-operative radiographs
D6792	Crown-full cast noble metal	Pre-operative radiographs
D6794	Crown-titanium	Pre-operative radiographs
D6970	Cast post & core in addition to fixed partial denture retainer	Pre-operative radiographs
D6971	Cast post as part of fixed partial denture retainer	Pre-operative radiographs
D6972	Prefab post & core, in addition to fixed partial denture retainer	Pre-operative radiographs
D6973	Core buildup for retainer, including any pins	Pre-operative radiographs
D6976	Each additional cast post-same tooth	Pre-operative radiographs
D6977	Each additional prefabricated post-same tooth	Pre-operative radiographs
D6980	Fixed partial denture repair, by report	Narrative and/or photograph

## Documentation Requirements for Dental Claims

<b>CDT Code</b>	<b>Description of Procedure</b>	<b>Documentation Required with Claim</b>
D6999	Unspecified, fixed prosthodontic procedure, by report	Narrative, radiographs, if applicable
D7999	Unspecified oral surgery procedure, by report	Narrative, radiographs, if applicable
D8999	Unspecified orthodontic procedure, by report	Narrative, radiographs, if applicable
D9999	Unspecified adjunctive procedure, by report	Narrative, radiographs, if applicable