



# **Pre Payment Documentation Guidelines**



# RESTORATIONS

Codes (D2000 to D2999)

## PAYMENT OF CLAIMS

### Applicable codes (may vary by insurer)

D2712, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783,  
D2790, D2791, D2794, D2932, D2950, D2952, D2954, D2962, D2971,  
D2980

### Main X-ray required

- a** Postoperative periapical or bitewings X-ray, with its own angulation, showing the entire structure of the treatment performed and sealed margins.

### Special Considerations

- a** Laboratory evidence confirming the material used for the restoration must remain in the patient's record.
- b** X-ray should be final after cementation.
- c** The date of service must be the same as the date on which the treatment ends.
- d** In build up, post and core procedures (D2950, D2952, D2954), it is required to include a post-operative radiograph that includes the completed treatment.

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# ENDODONTICS

Codes (D3000 to D3999)

## PAYMENT OF CLAIMS

### Applicable Codes

D3330 - For General Dentist Only

### Main X-ray required

- a** Periapical radiograph that includes the tooth structure, the apical area of the tooth and shows the completed procedure.

### Special Considerations

- a** Pre-treatment, in-treatment, and post-treatment x-rays must be properly documented and available in the patient's medical record. These x-rays are part of the procedure.

### When I need to send a Clinical Narrative:

- a** In case of any complication in the procedure.

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# PERIODONTICS

Codes (D4000 to D4999)

## PAYMENT OF CLAIMS

You are not required to include additional documentation when submitting a claim for payment of services. Make sure that the insured's medical records contain clinical notes of the procedures performed.



*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# REMOVABLE PROSTHODONTICS

Codes (D5000 to D5821)

## PAYMENT OF CLAIMS

Applicable Code D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5284, D5286, D5820, D5821

You are not required to include additional documentation when submitting a claim for payment of services. Make sure that the insured's medical records contain clinical notes of the procedures performed.

### Additional Considerations.

- a** Ensure correct coding is billed on the ADA form.
- b** The claim must be submitted with the service date of the day the prosthesis is finally inserted.
- c** For this category of services include arch, quadrant or tooth as applicable.



*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# REMOVABLE PROSTHODONTICS

Adjustments, Repairs, Rebase and Relines to Removable Prosthodontics



Codes (D5510 to D5751)

## PAYMENT OF CLAIMS

Applicable Code D5511, D5512, D5520, D5611, D5612, D5630, D5640, D5650, D5660, D5730, D5730, D5731, D5740, D5741, D5750, D5751

### Additional Requirements.

- a** These services are required to be billed with a clinical narrative of the medical necessity of performing the procedure.



*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# IMPLANTS

Codes (D6000 to D6192)

## PAYMENT OF CLAIMS

Applicable Codes D6010, D6011, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6085, D6094, D6110, D6111, D6112, D6113, D6191, D6192

### Main X-ray required

- a** A periapical radiograph showing the entire structure of the service performed and the adjacent bone tissue must be included. Certificates of the implants used must also be included.
- b** For services D6110 - D6113, intraoral photography will be accepted for evaluation.

### Additional Requirements

- a** It is required to include a periapical radiograph that shows the entire structure of the service performed and the adjacent bone tissue.
- b** Certified seals on the implants used must also be included when billing D6010.
- c** The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# FIXED PROSTHODONTICS



## PAYMENT OF CLAIMS

Applicable Codes D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6245, D6607, D6608, D6609, D6610, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6790, D6791, D6792

### Main X-ray required

- a** Postoperative periapical or bitewings X-ray, with its own angulation, showing the entire structure of the treatment performed and sealed margins.

### Special Considerations

#### When it is necessary to provide clinical narrative

- a** If there was any special situation during the different phases of the treatment to complete it.
- b** The date of service must be the same as the date on which the treatment ends.

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# ORAL AND MAXILLOFACIAL SURGERY

Codes

(D7210 - D7473 - D7961 - D7962 )

## PAYMENT OF CLAIMS

### Main X-ray required

- a** For general dentists, a pre-service x-ray (preferably periapical) is required to show the complete structure of the tooth, including the adjacent bone. This x-ray must show the need for surgical extraction.

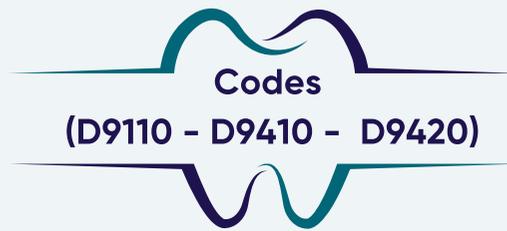
### Additional Requirements (If Applicable)

#### When it is necessary to provide clinical narrative

- a** Unplanned complication during the extraction procedure.
- b** When it is necessary to justify the need for the surgical procedure.
- c** For the following services: D7961, D7962 and D7473 a clinical narrative explaining the medical necessity of the procedure is required

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# ADJUNCTIVE GENERAL SERVICES



## PAYMENT OF CLAIMS

### Additional Requirements.

- a** These services are required to be billed with a clinical narrative of the medical necessity of providing the procedure.



*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*

# ADJUNCTIVE GENERAL SERVICES

Codes

(D9222 - D9223 - D9239 - D9243)

## PAYMENT OF CLAIMS

### Additional Requirements.

- a** A copy of the anesthesia record document is required.
- b** Anesthesia record document must include the type of medication used for sedation.
- c** Evidence of the length of time the patient was under sedation must be included for purposes of the amount of services that will be applicable for payment.
- d** Claim must come with a narrative justifying the medical necessity for sedation.

*Pre-authorization and claim payment requirements may vary. Be sure to review each insurer's specific documents.*