DENTAL UTILIZATION

PRE PAYMENT QUALITY REVIEW GUIDELINES

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. Utilization Review (UR) activities are supported by evidence–based, nationally recognized dental policies, clinical guidelines, and criteria developed, approved, and published by the American Dental Association. These policies, guidelines and criteria promote delivery of appropriate care in the most appropriate setting at the appropriate time. Specific plan coverage, exclusions or limitations supersede these criteria. The information in this document is proprietary and confidential, and the recipient hereof agrees to maintain that confidentiality. Neither this document, nor the information contained therein, may be reproduced, or disclosed to any third person or entity without express written consent and permission. Proprietary Information of NetClaim Solutions LLC. Copyright 2023

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Instructions for Use

NetClaim Solutions pre-payment quality review guidelines are based on recommendations and standards developed by professional dental organizations, and regulatory bodies to guide dental practitioners in delivering high-quality care. These guidelines define the clinical and documentation criteria used to adjudicate pre-treatment estimates, pre-determination requests, post-service reviews, and dental claims. The purpose of these guidelines is to ensure that dental services submitted for reimbursement are clinically appropriate, medically necessary, and consistent with generally accepted standards of dental practice.

The application of these guidelines supports patient safety, quality of care, and optimal oral health outcomes, while promoting evidence-based decision-making and consistent claims adjudication.

Pre-payment quality review guidelines address, but are not limited to, the following areas of dental care:

1. **Restorative Dentistry** - Criteria guiding the review of procedures intended to restore tooth structure and function, including direct and indirect restorations, crowns, bridges, and implant-supported restorations.

2. **Endodontics** - Criteria supporting appropriate root canal therapy, including diagnosis, instrumentation, disinfection, and restoration of endodontically treated teeth.

3. **Prosthodontics** - Criteria guiding the review of procedures intended to restore teeth, replace missing teeth and restore oral function, stability, occlusion with fixed bridges, implant placement, implant-supported crowns, dentures, and fixed partial dentures.

4. **Oral and Maxillofacial Surgery** - Criteria applicable to surgical procedures involving the oral and maxillofacial region, including tooth extractions, surgical removals, management of pathology, and implant placement.

5. **Sedations** - Criteria addressing the evaluation of sedation services, which are considered adjunctive to dental treatment and must be clinically justified independent of the dental procedure performed.

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Major Restorative Claim Payment Clinical Quality Guideline

The purpose of the dental pre-payment audit process is to verify that the approved restorative treatment, for the applicable dental codes, was completed and meets the quality standards established by the dental profession and the quality standards of the American Dental Association and other recognized evidence-based criteria, before the payment is issued.

The audit **is not intended to limit the dentist's practice**, but rather to ensure the quality of care provided to the patient and the proper use of benefits.

The applicable dental codes may vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

Specific Procedure Codes: **Crowns (D2710 – D2799)**
Documentation Requirements:
Main Radiograph Type: 1. Post-operative periapical X-ray, with the proper angulation, showing the entire structure of the treatment performed and sealed margins. **Special Considerations:** 1. Laboratory evidence confirming the material used for the restoration must remain in the patient's record. 2. The X-ray should be final after cementation. 3. The date of service must be the same as the date on which the treatment ends. 4. A clinical narrative is required if there are treatment changes from the preauthorized service. 5. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service. 6. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

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Clinical Requirements:
When a crown is considered for payment: 1. **Sufficient documentation** to demonstrate the service's completion and quality of care (see documentation requirements). 2. **Proper marginal adaptation** (no visible gaps or over contours/ “overhangs” radiographically or clinically). **3. Correct proximal contacts and contours** (no open contacts; hygiene spaces and emergence profiles compatible with periodontal health). 4. **Biological integrity**: no secondary caries; finish line on sound tooth structure. 5. **Proper sealing and cementation** (complete seating verified).

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References

- American College of Prosthodontists. (2019). *The use of dental radiographs in evaluation of prosthetic margins – tooth-supported fixed prostheses* (Position Statement; revised June 8, 2019). https://www.prosthodontics.org/about-acp/position-statement-the-use-of-dental-radiographs-in-evaluation-of-prosthetic-margins-tooth-supported/
- Bronson, M. R., Lindquist, T. J., & Dawson, D. V. (2005). Clinical acceptability of crown margins versus marginal gaps as determined by pre-doctoral students and prosthodontists. *Journal of Prosthodontics, 14*(4), 226–232. https://doi.org/10.1111/j.1532-849X.2005.00048.x
- Hickel, R., Mesinger, S., Opdam, N., Loomans, B., Frankenberger, R., Cadenaro, M., Burgess, J., Peschke, A., Heintze, S. D., & Kühnisch, J. (2023). Revised FDI criteria for evaluating direct and indirect dental restorations—Recommendations for its clinical use, interpretation, and reporting. *Clinical Oral Investigations, 27*(6), 2573–2592. https://doi.org/10.1007/s00784-022-04814-1
- Lang, N. P., Kiel, R. A., & Anderhalden, K. (1983). Clinical and microbiological effects of subgingival restorations with overhanging or clinically perfect margins. *Journal of Clinical Periodontology, 10*(6), 563–578. https://doi.org/10.1111/j.1600-051X.1983.tb01295.x

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Other Restorative Services Claim Payment Clinical Quality Guideline

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The audit **is not intended to limit the dentist's practice**, but rather to ensure the quality of care provided to the patient and the proper use of benefits.

The applicable dental codes may vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

Specific Procedure Codes: Core Buildup, including any pins when required **(D2950)**
Documentation Requirements:
Main Radiograph Type: 1. Post-operative periapical or bitewing X-ray, with the proper angulation, showing the entire structure of the treatment performed. **Special Considerations:** 1. This service is a foundation restoration placed to replace missing tooth structure and provide retention and resistance for a crown. 2. Is indicated for teeth with significant loss of coronal structure, teeth that require a crown and lack adequate structure to retain it and/or as a replacement of missing internal tooth structure following caries removal or endodontic treatment.

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Clinical Requirements:

When a buildup is considered for payment:

1. Clear documentation that the buildup is structurally necessary, not cosmetic
2. Core material placed to support crown retention
3. Core buildup performed independently of crown preparation
4. Radiographs or clinical notes supporting extent of tooth loss

Specific Procedure Codes: Post and Core in Addition to Crown, Indirectly Fabricated **(D2952)**

Documentation Requirements:

Main Radiograph Type:

1. Post-operative periapical X-ray, with the proper angulation, showing the entire structure of the treatment performed.

Special Considerations:

1. This service is an indirectly fabricated post and core restoration used to retain a crown on an endodontically treated tooth. Post and core are customed fabricated as a single unit.
2. Is indicated for teeth endodontically treated with extensive loss of coronal structure, if there is a need for additional retention beyond a core buildup alone and/or when the canal anatomy is suitable for post placement.

Clinical Requirements:

When a post and core is considered for payment:

1. Confirmation of completed and satisfactory root canal therapy
2. Radiographic evaluation of root length and anatomy
3. Radiographic validation of placed prefabricated post and core single unit
4. Indirect fabrication via laboratory or CAD/CAM
5. Proper post length, fit, and cementation
6. Documentation justifying need for post and core

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Specific Procedure Codes: Prefabricated Post and Core in Addition to Crown **(D2954)**

Documentation Requirements:

Main Radiograph Type:

1. Post-operative periapical X-ray, with the proper angulation, showing the entire structure of the treatment performed.

Special Considerations:

1. This service is a chairside placement of a prefabricated post with a core buildup to retain a crown. Core is built around a prefabricated post. This procedure includes the core material.
2. Is indicated for teeth endodontically treated with extensive loss of coronal structure, if there is an immediate need for post and core without indirect fabrication and/or when the tooth canal anatomy is suitable for prefabricated post placement.

Clinical Requirements:

When a Pre-fabricated post and core is considered for payment:

1. Radiographic verification of endodontic treatment and canal anatomy
2. Radiographic validation of placed post before crown cementation
3. Proper post selection, sizing, and placement
4. Core buildup material is compatible with final restoration
5. Documentation demonstrating necessity beyond core buildup alone

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References

- American Dental Association. (2026). *Current Dental Terminology (CDT®) 2026*. Chicago, IL: American Dental Association.
- American Dental Association. (2023). *Glossary of dental clinical and administrative terms*. American Dental Association. https://www.ada.org
- American Dental Association Council on Scientific Affairs. (2019). *Evidence-based clinical practice guidelines for restorative dentistry*. Journal of the American Dental Association, 150(10), 807–817. https://doi.org/10.1016/j.adaj.2019.07.021
- Sturdevant, C. M., Roberson, T. M., Heymann, H. O., & Swift, E. J. (2019). *Sturdevant's art and science of operative dentistry* (7th ed.). Elsevier.
- Rosenstiel, S. F., Land, M. F., & Fujimoto, J. (2023). *Contemporary fixed prosthodontics* (6th ed.). Elsevier.

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Endodontics Claim Payment Clinical Guideline

The purpose of the dental pre-payment audit process is to verify that the approved endodontic treatment, for the applicable dental codes, was completed and meets the quality standards established by the dental profession and the quality standards of the American Dental Association and other recognized evidence-based criteria, before the payment is issued.

The audit **is not intended to limit the dentist's practice**, but rather to ensure the quality of care provided to the patient and the proper use of benefits.

The applicable dental codes may vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

Specific Procedure Codes: Endodontic therapy, molar tooth **(D3330)**
Documentation Requirements:
Main Radiograph Type: 1. Periapical radiograph that includes the tooth structure, the apical area of the tooth, and shows the completed procedure. **Special Considerations:** 1. 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. 2. In case of any complication occurring during the procedure, a claim must be sent with clinical narrative.
Clinical Requirements:
1. **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements). 2. The obturation must reach the working length, adapt to canal walls, and seal hermetically, avoiding voids, overfills, or underfills >2 mm from the apex.

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3. No necrotic tissue or residual infection should remain; adequate obturation length and thorough cleaning determine success. Short or long fills are associated with failure.

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References

- American Association of Endodontists. (2021). *AAE Clinical guidelines*. Retrieved from https://www.aae.org/specialty/clinical-resources/guidelines/

- American Dental Association. (n.d.). *Patient records*. Retrieved from https://www.ada.org/resources/practice/practice-management/patient-records
- Ng, Y. L., Mann, V., & Gulabivala, K. (2008). Outcome of root canal treatment: Systematic review. *International Endodontic Journal, 41*(1), 6–31. https://doi.org/10.1111/j.1365-2591.2007.01304.x

- Siqueira, J. F., & Rôças, I. N. (2008). Endodontic infections: Concepts, paradigms, and perspectives. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology, 106*(5), 659–676. https://doi.org/10.1016/j.tripleo.2008.07.039

- Vertucci, F. J. (2005). Root canal morphology and its relationship to endodontic procedures. *Journal of Endodontics, 31*(8), 613–623. https://doi.org/10.1016/j.joen.2005.04.009

- Wu, M. K., Wesselink, P. R., & Shemesh, H. (2002). Endodontic leakage studies have reconsidered. *International Endodontic Journal, 35*(9), 710–718. https://doi.org/10.1111/j.1365-2591.2002.00518.x

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Prosthodontics Claim Payment Clinical Quality Guideline

The purpose of the dental pre-payment audit process is to verify that the approved implant treatment, for the applicable dental codes, was completed and meets the quality standards established by the dental profession and the quality standards of the American Dental Association and other recognized evidence-based criteria, before the payment is issued.

The audit **is not intended to limit the dentist's practice**, but rather to ensure the quality of care provided to the patient and the proper use of benefits.

The applicable dental codes may vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

Specific Procedure Codes: Implant (D6010-D6011)
Documentation Requirements:
Main Radiograph Type: A post-operative 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. **Special Considerations:** 1. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants. 2. A clinical narrative is required if there are treatment changes from the preauthorized service. 3. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service. 4. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

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Clinical Requirements:
When a Surgical Placement of Implant Body (D6010) is considered for payment: • **Sufficient documentation** to demonstrate the service's completion and quality of care (see documentation requirements). • **Distance to Other Natural Tooth** - Minimal distance to the adjacent tooth structure should be 1.5 mm. • **Distance Between Contiguous Implants** – Minimal distance to other contiguous implants should 3 millimiters. When a **Second-Stage Surgery / Implant Uncovering (D6011) is considered for payment:** • **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements). • **Appropriate Timing -** Perform uncovering typically 3–6 months depending on site and bone quality. • **Sufficient Osseointegration** – Evidence of proper osteointegration.

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References

- American Dental Association. (n.d.). *Patient records*. Retrieved from https://www.ada.org/resources/practice/practice-management/patient-records
- Esposito, M., Grusovin, M. G., & Coulthard, P. (2012). Osseointegration: An update. *Journal of Dental Research*. https://pmc.ncbi.nlm.nih.gov/articles/PMC3602536/
- Glauser, R., Sennerby, L., Meredith, N., Rée, A., Lundgren, A., Gottlow, J., & Hämmerle, C. H. (2004). Role of primary stability for successful osseointegration. *Clinical Implant Dentistry and Relatedf Research*. https://pmc.ncbi.nlm.nih.gov/articles/PMC3873594/
- Shilpa, R., & Patel, V. (2023). Outcomes of one-stage versus two-stage dental implant surgery: A comparative review. *International Journal of Community Medicine and Public Health, 10*(8). https://www.ijcmph.com/index.php/ijcmph/article/download/11556/6870/52577

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Specific Procedure Codes: Abutment (D6056-D6057)

Documentation Requirements:

Main Radiograph Type: A post-operative 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.

Special Considerations:

1. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.
2. A clinical narrative is required if there are treatment changes from the preauthorized service.
3. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service.
4. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

Clinical Requirements:

When a Prefabricated or Custom Abutment (D6056-D6057) is considered for payment:

- **Sufficient documentation** to demonstrate the service's completion and quality of care (see documentation requirements). For D6057 – Custom Abutment, laboratory evidence should remain in the patient's records.
- **Marginal Adaptation:** The seating must be complete, with no gaps at the implant–abutment interface.

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References

- American Dental Association. (2026). *CDT Code D6056: Prefabricated abutment*. ADA. Retrieved from https://www.ada.org/resources/cdt-dental-procedure-codes/cdt-code-d6056-prefabricated-abutment
- American Dental Association. (2026). *CDT Code D6057: Custom abutment*. ADA. Retrieved from https://www.ada.org/resources/cdt-dental-procedure-codes/cdt-code-d6057-custom-abutment

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Specific Procedure Codes: Abutment or Implant Supported Crowns (D6058 to D6067 and D6094)

Documentation Requirements:

Main Radiograph Type: A post-operative 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.

Special Considerations:

1. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.
2. A clinical narrative is required if there are treatment changes from the preauthorized service.
3. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service.
4. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

Clinical Requirements:

When an Abutment-Supported Crowns are considered for payment:

- **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements).
- **Peri-implant biological integrity:**
    - No clinical evidence of peri-implantitis.
- **Prosthetic fit and marginal accuracy**
    - Passive fit between crown and abutment
    - Accurate margins without overcontouring or open gaps
    - Proper implant–abutment–crown interface adaptation
- **Restorative material and structural integrity**
    - Adequate restorative thickness
    - No fractures or chipping.

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References

- American Dental Association. (2026). *CDT 2026: Current Dental Terminology*. Chicago, IL: American Dental Association.
- American Dental Association. (2026). *CDT Code D6058–D6064, D6094 descriptions and guidance*. https://www.ada.org/resources/cdt
- Jung, R. E., Zembic, A., Pjetursson, B. E., Zwahlen, M., & Thoma, D. S. (2012). Systematic review of the survival rate and incidence of biological, technical, and aesthetic complications of single crowns on implants. *Clinical Oral Implants Research, 23*(Suppl 6), 2–21. https://doi.org/10.1111/j.1600-0501.2012.02547.x
- Pjetursson, B. E., Thoma, D., Jung, R., Zwahlen, M., & Zembic, A. (2012). A systematic review of the survival and complication rates of implant-supported single crowns. *Clinical Oral Implants Research, 23*(Suppl 6), 93–111. https://doi.org/10.1111/j.1600-0501.2012.02547.x
- Hamed, M. T., et al. (2020). Screw- versus cement-retained implant restorations: A systematic review. *Clinical, Cosmetic and Investigational Dentistry, 12*, 9–16. https://doi.org/10.2147/CCIDE.S238539
- Jung, R. E., Zembic, A., Pjetursson, B. E., Zwahlen, M., & Thoma, D. S. (2012). Systematic review of complications of implant-supported single crowns. *Clinical Oral Implants Research, 23*(Suppl 6), 2–21. https://doi.org/10.1111/j.1600-0501.2012.02547.x
- Wilson, T. G., Jr. (2009). The positive relationship between excess cement and peri-implant disease. *Journal of Periodontology, 80*(9), 1388–1392. https://doi.org/10.1902/jop.2009.090115

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Specific Procedure Codes: **Abutment Supported Retainer** (D6068 to D6074)

Documentation Requirements:

Main Radiograph Type: A post-operative 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.

Special Considerations:

1. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.
2. A clinical narrative is required if there are treatment changes from the preauthorized service.
3. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service.
4. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

Clinical Requirements:

When a Retainer-Supported Crowns are considered for payment:

- **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements).
- **Peri-implant biological integrity:**
    - No clinical evidence of peri-implantitis.
- **Prosthetic fit and marginal accuracy**
    - Passive fit between retainer crown.
    - Accurate margins without over contouring or open gaps
    - Proper implant–retainer–crown interface adaptation
- **Restorative material and structural integrity**
    - Adequate restorative thickness
    - No fractures or chipping.

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References

- Buzayan, M. M., & Yunus, N. (2013). *Passive fit in screw-retained multi-unit implant prosthesis*. *The Open Dentistry Journal, 7*, 102–107. https://pmc.ncbi.nlm.nih.gov/articles/PMC3935037/ PMC
- Hamed, M. T., et al. (2020). *Screw- vs cement-retained implant restorations: Systematic review*. *Clin Cosmet Investig Dent, 12*, 9–16. https://pmc.ncbi.nlm.nih.gov/articles/PMC6969698/ PMC
- Majid, O. W., et al. (2024). *Peri-implant disease incidence in cement- vs screw-retained prostheses*. *J Evid Based Dent Pract*. https://www.sciencedirect.com/science/article/abs/pii/S1532338223001744 ScienceDirect
- Pan, Y., et al. (2021). *Implant framework misfit: Assessment and consequences*. *J Prosthet Dent, 125*(2), 208–215. https://pubmed.ncbi.nlm.nih.gov/33331058/ PubMed
- UnitedHealthcare/ADA. (2025). *Dental implant supported prostheses – Clinical policy*. https://www.uhcprovider.com/content/dam/provider/docs/public/policies/dental/dental-implant-supported-prostheses.pdf uhcprovider.com
- Othman, M. S., et al. (2024). *Influence of pontic design on fracture resistance of implant supported zirconia FPDs*. *The Journal of Contemporary Dental Practice*. https://www.thejcdp.com/doi/10.5005/jp-journals-10024-3721 Clin Dent Pract

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Specific Procedure Codes: **Implant Supported Dentures and Components (D6110 to D6192)**

Documentation Requirements:

Main Radiograph Type: A post-operative 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.

Special Considerations:

1. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.
2. A clinical narrative is required if there are treatment changes from the preauthorized service.
3. For treatment changes; please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service.
4. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

Clinical Requirements:

When an Implant supported dentures and its components are considered for payment:

- **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements).
- **Objective Confirmation of Attachments:**
    - Attachments are clearly visible on implants
    - Attachment type is identifiable (e.g., Locator®, ball, bar)
    - Attachments appear properly seated

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References

- American Dental Association. (2026). *Current Dental Terminology (CDT)*. Chicago, IL: American Dental Association.
- Feine, J. S., & Carlsson, G. E. (2003). The McGill consensus statement on mandibular two-implant overdentures. *International Journal of Prosthodontics, 16*(Suppl), 12–16.
- Raghoebar, G. M., et al. (2014). Implant-supported overdentures: Maintenance and complications. *International Journal of Oral & Maxillofacial Implants, 29*(2), 394–400

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Specific Procedure Codes: **Fixed Prostheses and Components (D6210 to D6245, D6545 and D6740 and D6794)**
Documentation Requirements:
Main Radiograph Type: A post-operative 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. **Special Considerations:** 5. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants. 6. A clinical narrative is required if there are treatment changes from the preauthorized service. 7. For treatment changes, please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service. 8. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.
Clinical Requirements:
When a fixed prostheses and its components are considered for payment: • **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements). • Radiographic confirmation of a fixed partial denture covering abutment teeth • Presence of pontic(s) occupying edentulous space(s). • Structural continuity between retainers and pontics. • No obvious radiographic failure.

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Specific Procedure Codes: **Inlay and Onlays (D6606 to D6609)**

Documentation Requirements:

Main Radiograph Type: A post-operative 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.

Special Considerations:

9. The provider must be certified with the insurer's credentialing department to provide services in the surgical phase of implants.
10. A clinical narrative is required if there are treatment changes from the preauthorized service.
11. For treatment changes, please submit the proper CDT codes aligned with the treatment change, even if they are different from the approved service.
12. NetClaim reserves the right to approve or deny the service based on the provided clinical documentation supporting the medical necessity or aligned with the standard of care for the new treatment.

Clinical Requirements:

When a fixed prostheses and its components are considered for payment:

- **Sufficient documentation** - to demonstrate the service's completion and quality of care (see documentation requirements).
- Margins must be free of visible gaps or over contours; marginal microleakage leads to failure.
- Radiographs to verify fit and proper cementation.

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References

- American Dental Association. (2026). *Current Dental Terminology (CDT)*. Chicago, IL: American Dental Association.
- American Dental Association. (2024). *CDT Code Set – Retainers, Inlays and Onlays (D6545, D6606–D6610)*. Retrieved from https://www.ada.org/resources/cdt
- Rosenstiel, S. F., Land, M. F., & Fujimoto, J. (2016). *Contemporary fixed prosthodontics* (5th ed.). St. Louis, MO: Elsevier.
- Shillinburg, H. T., et al. (2012). *Fundamentals of fixed prosthodontics* (4th ed.). Chicago, IL: Quintessence Publishing.
- Graves, C. V. (2016). The role of occlusion in fixed prosthodontics and implants. *Open Dentistry Journal, 10*, 594–601. https://pmc.ncbi.nlm.nih.gov/articles/PMC5123128/

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Surgical Extractions Claim Payment Clinical Guideline

The purpose of the dental pre-payment audit process is to verify that the approved endodontic treatment, for the applicable dental codes, was completed and meets the quality standards established by the dental profession and the quality standards of the American Dental Association and other recognized evidence-based criteria, before the payment is issued.

The audit **is not intended to limit the dentist's practice**, but rather to ensure the quality of care provided to the patient and the proper use of benefits.

The applicable dental codes may vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

Specific Procedure Codes: Surgical Removal of Erupted Tooth **(D7210)**
Documentation Requirements:
Main Radiograph Type: 1. Per 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. **Special Considerations:** 1. This oral surgery procedure involving the surgical extraction of an erupted tooth requiring incision, flap reflection, bone removal, and/or sectioning of the tooth beyond routine forceps extraction. 2. To support reimbursement, documentation must demonstrate that surgical removal was clinically required, including: a. Clinical notes describing: i. Surgical approach (incision, flap, bone removal, or sectioning) ii. Reason simple extraction was not feasible b. Diagnostic radiographs showing: i. Root morphology ii. Bone density or ankylosis iii. Extent of decay or fracture c. Post-operative notes when applicable

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Clinical Requirements:

D7210 is indicated and considered for payment when surgical intervention is medically necessary to remove an erupted tooth due to one or more of the following clinical conditions:

1. Tooth requires bone removal and/or tooth sectioning for safe extraction
2. Failure or impracticality of simple extraction (D7140) due to:
   a. Dense or thick cortical bone
   b. Ankylosis
   c. Hypercementosis
   d. Root morphology (severe curvature, divergence, or bulbous roots)
3. Crown fracture at or below the gingival margin preventing forceps grasp
4. Tooth partially erupted but functionally erupted and requiring surgical access
5. Advanced caries, non-restorable tooth structure, or fracture extending subgingivally
6. Extraction required as part of a comprehensive treatment plan, including:
   a. Pre-prosthetic treatment
   b. Management of infection or pathology
7. Teeth associated with chronic infection, abscess, or cystic changes where surgical removal is indicated

As a clinical and documentation

D7210 is **not** indicated or considered for payment under the following circumstances:

1. Tooth can be removed via routine forceps extraction without bone removal or sectioning (D7140)
2. Extractions performed solely for convenience, expediency, or provider preference
3. Teeth that are impacted (partially or completely), which should be reported under D7220–D7241
4. Inadequate documentation supporting the need for surgical technique
5. Medical conditions that contraindicate surgical extraction without appropriate medical clearance

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References

- American Dental Association. (2026). Current Dental Terminology (CDT®) 2026. American Dental Association.
- American Dental Association. (2023). Oral health topics: Tooth extraction. American Dental Association. https://www.ada.org
- American Dental Association Council on Scientific Affairs. (2018). Guidelines for dental radiographic examination: A report of the ADA Council on Scientific Affairs. The Journal of the American Dental Association, 149(2), 98–104. https://doi.org/10.1016/j.adaj.2017.11.002
- Hupp, J. R., Ellis, E., & Tucker, M. R. (2019). Contemporary oral and maxillofacial surgery (7th ed.). Elsevier.
- Peterson, L. J., Miloro, M., Ghali, G. E., Larsen, P. E., & Waite, P. D. (2014). Peterson's principles of oral and maxillofacial surgery (3rd ed.). PMPH USA.
- Little, J. W., Falace, D. A., Miller, C. S., & Rhodus, N. L. (2017). Dental management of the medically compromised patient (9th ed.). Elsevier.
- American Association of Oral and Maxillofacial Surgeons. (2022). Parameters of care: Clinical practice guidelines for oral and maxillofacial surgery. AAOMS. https://www.aaoms.org

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Sedations Coding Pre Payment Validation

The purpose of the sedation pre-payment audit is to confirm that the sedation codes billed are accurately reflected in the clinical documentation. This process validates that the anesthesia record supports the code submitted, in alignment with the definitions and standards established by the American Dental Association and other recognized evidence-based guidelines. By ensuring that documentation and coding are consistent, the audit promotes compliance, safeguards patient safety, and supports timely and appropriate reimbursement.

Applicable Dental Codes:

D9222 – Deep sedation/general anesthesia administration - first 15 minutes

- Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient.
- Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- The level of anesthesia is determined by the provider's anesthesia documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

Clinical Rationale: Drug-induced depression of consciousness in which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to maintain independent ventilatory function may be impaired. Cardiovascular function is usually maintained.

Deep sedation requires continuous monitoring of vital signs, immediate availability of emergency equipment, and a professional certification to manage the airway and provide advanced life support. The first interval is critical because anesthetic depth is achieved.

D9223 – Deep sedation/general anesthesia administration, each additional 15-minute increment.
Clinical Rationale: Additional time increases cumulative risks (hypoxia, cardiovascular depression, prolonged recovery). Requires interval documentation, uninterrupted monitoring, and dosage adjustments.

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D9230 – Inhalation of nitrous oxide/analgesia, anxiolysis

- Time begins when the clinician administering the sedative/anesthetic initiates the appropriate anesthesia and starts continuous monitoring of the patient.
- Time ends when the patient may be safely placed under observation of trained personnel and the clinician can leave the patient's side or room.
- During the time the patient is sedated the clinician is continuously present and monitoring the patient's physiological status (heart rate, respiratory rate, oxygenation, etc.).

Clinical Rationale: Nitrous oxide is administered as a single agent for analgesia (pain control) and anxiolysis (anxiety reduction) during dental treatment. Nitrous oxide is a minimal sedation modality that maintains patient responsiveness and protective reflexes, used to reduce anxiety and pain perception during dental procedures.

D9239 – Moderate (conscious) intravenous sedation administration, first 15 minutes.

- Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient.
- Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

Clinical Rationale: Drug-induced depression of consciousness in which patients respond purposefully to verbal commands alone or accompanied by light tactile stimulation. No intervention is required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Intravenous moderate sedation requires incremental titration of medication to achieve the desired level, monitoring consciousness, and preservation of protective reflexes. Safety depends on detailed recording of drugs, doses, and vital signs.

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D9243 – Moderate (conscious) intravenous sedation administration, each additional 15-minute increment
Clinical Rationale: Each 15-minute interval requires accurate documentation, confirmation of patient response, and continuous monitoring. The quality standard involves documenting clinical stability and progressive recovery without adverse events.

The applicable dental codes might vary by Health Plan. Please review the specific health plan Dental Rules Guidelines.

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Specific Procedure Codes: Sedations **(D9222, D9223, D9230, D9239, D9243)**

Documentation Requirements:

The documentation requirements are the following:

1. **Anesthesia Record Sheet –** a written time-oriented anesthesia record must include the names, dosages, and time of all drugs given, level of patient's consciousness and the names of the individuals assisting the doctor in monitoring the patient, as well as the attending dentist. The anesthesia time record must also include an anesthesia start time, end time and discharge.
2. **Clinical Narrative** - stating the medical necessity.

Clinical Requirements ***(Except for D9230)***:

Sedation Level Validation Criteria Per Coding Descriptor:

1. **Anesthesia Time Evaluation:**
    a. The anesthesia service **begins at the moment the dentist**:
        i. Administers the appropriate anesthetic agent for the procedure and activates the noninvasive monitoring protocol (e.g. intermittent blood pressure, oxygen saturation, heart/respiratory rate) and provides continuous clinical supervision of the patient from that point.
    b. Anesthesia is **considered complete** when:
        i. The patient is stable and safe and has been left under the observation of trained personnel (with clear instructions on monitoring and alert criteria), and the dentist is able to leave the room to attend to another patient or have other responsibilities without compromising the safety of the anesthetized patient.
2. **Level of Patient's Consciousness**
    a. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

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3. **Drugs and Dosages**
    a. The names, dosages, and time of all drugs given.
4. **Clinical Documentation to Evaluate the Anesthesia Level:**
    a. **The clinical documentation must show that**:
        i. There was continuous attention from the provider responsible during induction, maintenance, and early recovery.
        ii. Vital signs and patient responses were recorded at clinically appropriate intervals depending on the type of anesthesia (local with sedation, minimal/moderate sedation, etc.).
        iii. Medication, doses, routes, and times of administration were documented, as well as any additional interventions or adverse events.

Clinical Requirements ***(Only applicable for D9230)***:

Sedation Level Validation Criteria Per Coding Descriptor:

Nitrous oxide is used without any other sedation. The patient remains under minimal sedation.

Documentation must include the following criteria:

1. Medical history validation/clearance
2. Basal vital signs
3. Documentation of concentration administered
4. Administration of oxygen
5. Continuous clinical observation

Additional observations:

If the use of N_2O produces effects compatible with moderate sedation (depressed response, ventilatory disturbance), **<u>the documentary requirements are automatically raised to the corresponding level.</u>**

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References

- **American Academy of Pediatric Dentistry**. (2019). *AAPD guideline on monitoring and management of pediatric patients before, during, and after sedation for diagnostic and therapeutic procedures*. AAPD. https://www.aapd.org/globalassets/media/policies_guidelines/bp_monitoringsedation.pdf
- **American Dental Association**. (2016). *Guidelines for the use of sedation and general anesthesia by dentists*. ADA. https://www.ada.org/resources/practice/safety/sedation-use-guidelines
- **American Society of Anesthesiologists.** (2020). *Standards for basic anesthetic monitoring.* American Society of Anesthesiologists. https://www.asahq.org/standards-and-practice-parameters/standards-for-basic-anesthetic-monitoring
- **American Association of Oral and Maxillofacial Surgeons.** (2023). *Parameters of care: Clinical practice guidelines for oral and maxillofacial surgery (ParCare 2023) — Anesthesia in outpatient facilities. Journal of Oral and Maxillofacial Surgery, 81*(Suppl 11S), e35–e50. https://doi.org/10.1016/j.joms.2023.06.017
- **American Dental Association.** (2025). CDT 2026 coding guide: Nitrous oxide, sedation, and general anesthesia. Chicago, IL: American Dental Association.
- **ADA News.** (2025, November). Revised CDT codes you should know for 2026. Chicago, IL: American Dental Association.

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