

Dominion National's Utilization Review (UR) Guidelines explain the criteria used to review pre-treatment estimates, pre-authorization requests and/or claims, whenever clinical review is performed. The Guidelines were formulated based on generally accepted dental standards and information gathered from practicing dentists, dental schools, insurance companies, as well as other dental related organizations.

This document is divided into two sections: General Review Guidelines and Guidelines for specific procedure codes. Specific documentation that is needed to make a determination on coverage is listed as part of the UR Guidelines also.

Please remember that while a procedure may be listed in the UR Guidelines, a specific plan may not cover all procedures. **It is important that you refer to the member's plan documentation to verify which benefits are covered.** You may also consult our provider portal or contact our customer service line.

## GENERAL REVIEW GUIDELINES

### 1. Narratives:

- All narratives must include the patient's signs and symptoms that support the proposed treatment (e.g., sensitivity to hot/cold/percussion).
- Include a narrative when necessary to support procedure or service, even if it is not required specifically by the UR Guidelines (e.g., child will not cooperate; crack that is not visible on x-ray).

### 2. Radiographs:

- Radiographs will not be returned. Only submit duplicate radiographs.
- All radiographs should be labeled and must be of diagnostic quality. Periapical films must include the apex of the tooth/teeth. All x-rays for crowns/bridges must show the apex of the tooth/teeth.
- Bitewing x-rays are **not acceptable** for crown/bridge procedures.
- All submitted radiographs must be the correct type of x-ray for the submitted procedure.
- All x-rays must indicate right (R) or left (L).
- Post-operative periapical x-rays of completed root canal treatments will be required when a core build-up, post and core, and/or crown are placed.
- While Dominion covers periapical radiographs, we do so on the basis that the radiographs are necessary for diagnostic purposes. Our position remains consistent with the American Dental Association's (ADA) Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure.
- Absent specific clinical indications as documented in the patient record Dominion considers the routine exposure of periapical radiographs to be unnecessary and not allowed.

### 3. Date of Placement:

When a crown/bridge is replaced, please make sure to include the date of ORIGINAL crown/bridge placement with the claim.

### 4. Periodontal Charting:

Charting must include 6-point probings for scaling and root planing and other surgeries. Recession and the amount of gingiva for grafting procedures must be charted.

### 5. Periodontal Maintenance:

Patient history of periodontal surgery within the previous 24 months must be documented to support the benefit of D4910.

### 6. Pre-determination or pre-treatment estimate:

If the charge for treatment is expected to exceed \$300, Dominion strongly advises the treating dentist to submit a treatment plan prior to initiating services. Dominion may request x-rays, periodontal charting, or other dental records, prior to issuing the pre-determination. The proposed services will be reviewed, and a pre-determination will be issued to the Member or dentist, specifying coverage. The pre-determination is not a guarantee of coverage and is considered valid for 180 days.

**7. Coordination of Benefits:**

Copy of the primary plan's Explanation of Payment (EOP) must be attached to the claim form if Dominion is the secondary payer, for coordination of benefits purposes. Dominion is always considered secondary to the member's hospital, medical/surgical or major medical plan for the extraction of wisdom teeth.

**8. Unbundled Procedures:**

If Dominion determines that submitted services were unbundled, they will be rebundled to the appropriate code contracted amount.

**9. Alternate Benefits:**

If Dominion determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and the alternate treatment will produce a professionally satisfactory result, then the maximum Dominion will allow will be the charge for the less expensive treatment.

**10. Payment for Orthodontic Treatment:**

Please refer to Orthodontic Payment Guidelines in the provider portal.

**11. Medically Necessary Orthodontic Treatment:**

Please refer to Guidelines for Medically Necessary Orthodontic Treatment, published in Dominion's provider portal.

**12. Supporting Documentation:**

Refer to the Guidelines for Specific Procedure Codes regarding submission and supporting documentation requirements.

## DIAGNOSTIC AND PREVENTIVE: D0100 – D1999

CDT	DESCRIPTION	DOCUMENTATION	AREA
D0220	Intraoral – periapical first film		Tooth
D0230	Intraoral – periapical each additional film		Tooth
D0240	Intraoral – occlusal film		Tooth
D1510	Space maintainer – fixed – unilateral – per quadrant		Tooth
D1551	Re-cement or re-bond bilateral space maintainer – maxillary		Tooth
D1552	Re-cement or re-bond bilateral space maintainer – mandibular		Tooth
D1553	Re-cement or re-bond bilateral space maintainer – per quadrant		Tooth
D1556	Removal of fixed unilateral space maintainer – per quadrant		Tooth
D1557	Removal of fixed bilateral space maintainer – maxillary		Tooth
D1558	Removal of fixed bilateral space maintainer – mandibular		Tooth

## RESTORATIVE: D2000 – D2999

**Inlay and Onlay:** D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664

### Documentation Requirements

Periapical radiograph exposed within the last 12 months.

### Clinical Requirements

- Will not be covered when:
  - A more conservative restoration can adequately restore the tooth.
  - Treatment is provided for cosmetic purposes, due to an existing large restoration, due to signs of stress fracture or craze lines, absent patient symptoms.
  - There is untreated bone loss.
  - The tooth has poor prognosis from a restorative, endodontic, or periodontal perspective.
  - There is a pathology or unresolved, incomplete, or failed endodontic therapy.
  - Services are meant to treat temporomandibular joint dysfunction.

2. Inlays/Onlays, crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, or periodontal, orthodontic, or other types of splinting are not covered.

**Crowns:** D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2960, D2961, D2962, D2970, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999

## Documentation Requirements – original or replacement

1. Pre-operative periapical diagnostic radiograph exposed within the last 12 months. Post-operative periapical x-rays of completed root canal treatments will be required when a core build-up, post and core, and/or crown are placed.
2. Narrative if the radiograph does not clearly indicate the necessity of a crown. Narratives are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations.
3. Photos may be helpful, but they **do not** replace the required radiograph.
4. Replacement – date of original placement.

## Clinical Requirements

Crowns for teeth with Cracked Tooth Syndrome must include clinical notes documenting the following:

1. The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
2. Any conservative treatments attempted to make the tooth asymptomatic.
3. Thermal sensitivity and sensitivity to occlusal load that ceases when pressure is withdrawn.
4. If fracture line is present, it should be probable with explorer tip.

Crowns, veneers, core build-ups, and post and cores will not be benefitted when:

1. There is untreated periodontal disease.
2. The tooth has poor prognosis from a restorative, endodontic, or periodontal perspective.
3. There is unresolved periapical pathology or unresolved, incomplete, or failed endodontic therapy.
4. Services are meant to treat temporomandibular joint dysfunction.

Crowns will not be covered when:

1. A more conservative restoration will adequately restore the tooth to form and function.
2. When treatment is provided due to an asymptomatic existing large restoration, due to craze lines, absent patient symptoms.

Crowns are not benefitted for cosmetic or preventative purposes.

Crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, corrosion, TMD or for periodontal, orthodontic, or other splinting are not covered.

**Other Restorative Services:** D2950, D2952, D2953, D2954, D2955, D2957

**Core Build Up:** D2950 - When an existing crown is being replaced, the necessity of a buildup cannot be determined until supporting documentation is provided after the existing crown is removed. A pre-treatment determination can be made regarding the crown with a periapical radiograph and narrative.

Benefits are allowed for a core build-up in conjunction with a crown, onlay, or bridge abutment only when necessary for retention of the final restoration and preservation of the tooth. Build-ups are not benefited if the tooth does not meet the clinical criteria for these services.

## Documentation Requirements

1. Diagnostic Periapical Radiograph within the last 12 months
2. Photo - if necessary; does not replace the required radiograph
3. Narrative - if necessary, in addition to the required radiograph

## Clinical Requirements

1. Benefits are allowed for a core buildup in conjunction with crown, onlay or bridge abutment only when necessary for retention of the final restoration and preservation of the tooth.
2. Build-ups performed in conjunction with inlays and 3/4 crowns are non-covered.
3. Root canals performed on an anterior tooth and the endodontic access is minimal, the tooth does not qualify for a build-up.

## Posterior Composite Fillings: D2391, D2392, D2393, D2394

Payment for composite resin restorations on posterior teeth will be based on the corresponding amount for an amalgam restoration. The patient will be responsible for any difference in the allowed amounts of the two procedures.

CDT	DESCRIPTION	DOCUMENTATION	AREA
D2140	Amalgam – one surface, primary or permanent		Tooth and Surface
D2150	Amalgam – two surfaces, primary or permanent		Tooth and Surface
D2160	Amalgam – three surfaces, primary or permanent		Tooth and Surface
D2161	Amalgam – four or more surfaces, primary or permanent		Tooth and Surface
D2330	Resin-based composite – one surface anterior		Tooth and Surface
D2331	Resin-based composite – two surfaces, anterior		Tooth and Surface
D2332	Resin-based composite – three surfaces, anterior		Tooth and Surface
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)		Tooth and Surface
D2390	Resin-based composite crown, anterior		Tooth and Surface
D2391	Resin-based composite – one surface, posterior		Tooth and Surface

<b>D2392</b>	Resin-based composite – two surfaces, posterior		Tooth and Surface
<b>D2393</b>	Resin-based composite – three surfaces, posterior		Tooth and Surface
<b>D2394</b>	Resin-based composite – four or more surfaces, posterior		Tooth and Surface
<b>D2510</b>	Inlay – metallic – one surface	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2520</b>	Inlay – metallic two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2530</b>	Inlay – metallic – three or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2542</b>	Onlay – metallic – two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2543</b>	Onlay – metallic – three surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2544</b>	Onlay – metallic – four or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2610</b>	Inlay – porcelain/ceramic – one surface	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2620</b>	Inlay – porcelain/ceramic – two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2630</b>	Inlay – porcelain/ceramic – three or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2642</b>	Onlay – porcelain/ceramic – two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2643</b>	Onlay – porcelain/ceramic – three surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2644</b>	Onlay – porcelain/ceramic – four or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2650</b>	Inlay – resin-based composite – one surface	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2651</b>	Inlay – resin-based composite – two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2652</b>	Inlay – resin-based composite – three or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2662</b>	Onlay – resin-based composite – two surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2663</b>	Onlay – resin-based composite – three surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2664</b>	Onlay – resin-based composite – four or more surfaces	Recent pre-treatment periapical x-ray	Tooth and Surface
<b>D2710</b>	Crown – resin-based composite (indirect)	Recent pre-treatment periapical x-ray	Tooth

<b>D2712</b>	Crown – ¾ resin-based composite (indirect)	Recent pre-treatment periapical x-ray	Tooth
<b>D2720</b>	Crown – resin with high noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2721</b>	Crown – resin with predominantly base metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2722</b>	Crown – resin with noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2740</b>	Crown – porcelain/ceramic	Recent pre-treatment periapical x-ray	Tooth
<b>D2750</b>	Crown – porcelain fused to high noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2751</b>	Crown – porcelain fused to predominantly base metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2752</b>	Crown – porcelain fused to noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2780</b>	Crown – ¾ cast high noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2781</b>	Crown – ¾ cast predominantly base metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2782</b>	Crown – ¾ cast noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2783</b>	Crown – ¾ porcelain/ceramic	Recent pre-treatment periapical x-ray	Tooth
<b>D2790</b>	Crown – full cast high noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2791</b>	Crown – full cast predominantly base metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2792</b>	Crown – full cast noble metal	Recent pre-treatment periapical x-ray	Tooth
<b>D2794</b>	Crown – titanium and titanium alloys	Recent pre-treatment periapical x-ray	Tooth
<b>D2799</b>	Provisional crown	Recent pre-treatment periapical x-ray	Tooth
<b>D2920</b>	Re-cement crown		Tooth
<b>D2940</b>	Protective restoration		Tooth
<b>D2950</b>	Core buildup, including any pins	Recent pre-treatment periapical x-ray	Tooth
<b>D2952</b>	Post and core in addition to crown, indirectly fabricated	Recent pre-treatment periapical x-ray	Tooth
<b>D2953</b>	Each additional indirectly fabricated post – same tooth	Recent pre-treatment periapical x-ray	Tooth



<b>D2954</b>	Prefabricated post and core in addition to crown	Recent pre-treatment periapical x-ray	Tooth
<b>D2955</b>	Post removal (not in conjunction with endodontic therapy)	Recent pre-treatment periapical x-ray	Tooth
<b>D2957</b>	Each additional prefabricated post – same tooth	Recent pre-treatment periapical x-ray	Tooth
<b>D2960</b>	Labial veneer (resin laminate) – chairside	Recent pre-treatment periapical x-ray	Tooth
<b>D2961</b>	Labial veneer (resin laminate) – laboratory	Recent pre-treatment periapical x-ray	Tooth
<b>D2962</b>	Labial veneer (porcelain laminate) – laboratory	Recent pre-treatment periapical x-ray	Tooth
<b>D2970</b>	Temporary crown (fractured tooth)	Recent pre-treatment periapical x-ray, Narrative	Tooth
<b>D2971</b>	Additional procedures to construct new crown under existing partial denture framework	Recent pre-treatment periapical x-ray	Tooth
<b>D2975</b>	Coping	Recent pre-treatment periapical x-ray	Tooth
<b>D2980</b>	Crown repair, by report	Recent pre-treatment periapical x-ray, Narrative	Tooth
<b>D2999</b>	Unspecified restorative procedure, by report	Recent pre-treatment periapical x-ray, Narrative	Tooth

## ENDODONTICS: D3000 – D3999

**Root Canal Therapy:** The following procedures cannot be billed as a separate charge to a participant when performed in conjunction with root canal therapy on the same tooth.

1. D0220 / D0230 - Intra-operative images
2. D0460 - Pulp Vitality Test
3. D2940 - Sedative Filling
4. D3120 – Pulp Cap – Indirect
5. D3220 – Pulpotomy
6. D3221 - Pulpal Debridement
7. D3910 - Surgical Procedure for isolation of tooth with rubber dam
8. D3950 - Canal Preparation
9. D9110 - Palliative Treatment

## Clinical Requirements

1. Benefit is based on the completion date/final fill, not the date that treatment is initiated.
2. Benefits will not be provided when canals are inadequately or incompletely filled.
3. Endodontic therapy will not be covered when:
  - There is untreated bone loss.
  - The tooth has poor prognosis from a restorative or periodontal perspective (e.g., severe bone loss or furcation involvement.)



CDT	DESCRIPTION	DOCUMENTATION	AREA
D3120	Pulp cap – indirect (excluding final restoration)		Tooth
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		Tooth
D3221	Pulpal debridement, primary and permanent teeth		Tooth
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		Tooth
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Recent pre-treatment x-ray – periapical or bitewing	Tooth
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Recent pre-treatment x-ray – periapical or bitewing	Tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		Tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		Tooth
D3330	Endodontic therapy, molar tooth (excluding final restoration)		Tooth
D3331	Treatment of root canal obstruction; non-surgical access	Recent pre-treatment periapical x-ray	Tooth
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	Recent pre-treatment periapical x-ray, Narrative	Tooth
D3333	Internal root repair of perforation defects	Recent pre-treatment periapical x-ray	Tooth
D3346	Retreatment of previous root canal therapy – anterior	Recent pre-treatment periapical x-ray, post-treatment periapical x-ray	Tooth
D3347	Retreatment of previous root canal therapy – premolar	Recent pre-treatment periapical x-ray, post-treatment periapical x-ray	Tooth
D3348	Retreatment of previous root canal therapy – molar	Recent pre-treatment periapical x-ray, post-treatment periapical x-ray	Tooth
D3351	Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth
D3352	Apexification/recalcification/pulpal regeneration – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific		Tooth
D3354	Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration		Tooth

<b>D3410</b>	Apicoectomy/periradicular surgery – anterior		Tooth
<b>D3421</b>	Apicoectomy/periradicular surgery – premolar (first root)		Tooth
<b>D3425</b>	Apicoectomy/periradicular surgery – molar (first root)		Tooth
<b>D3426</b>	Apicoectomy/periradicular surgery (each additional root)		Tooth
<b>D3430</b>	Retrograde filling – per root		Tooth
<b>D3450</b>	Root amputation		Tooth
<b>D3999</b>	Unspecified endodontic procedure, by report	Narrative	

## PERIODONTICS: D4000 – D4999

### Clinical Requirements

D4212, gingivectomy, is allowed in conjunction with restorative procedures, including direct restorations, crowns, bridge retainers, when due to fracture tooth structure at or below the gum line or due to gingival overgrowth. A gingivectomy is benefited for a restorative procedure. A photo, periodontal charting is required.

- To qualify for gingival flap procedure, including root planning (D4240, D4241) gingival pockets must be present as moderately deep (greater than 4mm) with loss of attachment.
- Full mouth debridement (D4355) is benefited in order to do a proper evaluation and diagnosis if the dentist is unable to accomplish an effective prophylaxis under normal conditions.
- Crown lengthening will not be covered when:
  - The tooth is not restorable
  - The tooth presents with bone loss requiring periodontal treatment such as scaling and root planing, osseous surgery, or gingival grafting procedures

### Osseous Surgery/Bone Grafting: D4260, D4261, D4263, D4264, D4265, D4266, D4267

### Documentation Requirements

1. 6-point periodontal probings
2. Radiographs demonstrating bone loss
3. Narrative – if necessary

### Clinical Requirements

1. Diagnosis of periodontitis is made
2. Active periodontal disease is present
3. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support
4. Bone loss is evident radiographically
5. Periodontal probings are greater than 4 mm

### Scaling and Root Planing: D4341, D4342

## Documentation Requirements

1. 6-point periodontal probings
2. Radiographs demonstrating bone loss

If fewer than 4 teeth per quadrant have periodontal probings greater than 4mm with radiographic bone loss, the benefits will be based on the allowance for D4342.

## Clinical Requirements

1. Diagnosis of periodontitis is made; a comprehensive periodontal evaluation, comprehensive oral evaluation, or periodic oral evaluation must be documented within the past year
2. Active periodontal disease is present
3. Bone loss is evident radiographically
4. Periodontal probings are greater than 4 mm
5. No more than two (2) full quadrants (D4341) on the same date of service will be benefitted
6. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support

Benefits will not be recommended when advanced bone loss and mobility is present.

### Localized delivery of Antimicrobial Agent: D4381

By definition, D4381 is per tooth.

Benefits require a thirty (30) day healing period after D4341 or D4342.

### Periodontal Maintenance: D4910

Patient must have history of perio surgery within the previous 24 months. D4240, D4241, D4341, D4342, D4260, D4261, D4263, D4264, D4265, D4266, D4267.

CDT	DESCRIPTION	DOCUMENTATION	AREA
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting, and narrative describing condition of the tissue	Quad
D4211	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting, and narrative describing condition of the tissue	Tooth
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure	Film of treatment area, current periodontal charting, and narrative describing condition of the tissue	Tooth
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontal charting and recent full arch/full mouth radiograph	
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Periodontal charting and recent full arch/full mouth radiograph	
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Quad

<b>D4241</b>	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Tooth
<b>D4245</b>	Apically positioned flap	Film of treatment area	
<b>D4249</b>	Clinical crown lengthening – hard tissue	Recent pre-operative periapical x-ray and Narrative	Tooth
<b>D4260</b>	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Quad
<b>D4261</b>	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Quad
<b>D4263</b>	Bone replacement graft – first site in quadrant	Film of treatment area and current periodontal charting	Tooth
<b>D4264</b>	Bone replacement graft – each additional site in quadrant	Film of treatment area and current periodontal charting	Tooth
<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration	Periodontal charting	Quad
<b>D4266</b>	Guided tissue regeneration – resorbable barrier, per site	Periodontal charting	Tooth
<b>D4267</b>	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	Periodontal charting	Tooth
<b>D4268</b>	Surgical revision procedure, per tooth		
<b>D4270</b>	Pedicle soft tissue graft procedure	Film of treatment area and current periodontal charting	
<b>D4273</b>	Subepithelial connective tissue graft procedures, per tooth	Film of treatment area and current periodontal charting	Tooth
<b>D4274</b>	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Periodontal charting	Tooth
<b>D4275</b>	Soft tissue allograft	Film of treatment area and current periodontal charting	
<b>D4276</b>	Combined connective tissue and pedicle graft, per tooth	Film of treatment area and current periodontal charting	
<b>D4277</b>	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position graft	Film of treatment area and current periodontal charting	
<b>D4278</b>	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	Film of treatment area and current periodontal charting	
<b>D4322</b>	Splint – intra-coronal; natural teeth or prosthetic crown	Periodontal charting, recent full arch/full mouth radiograph	Tooth
<b>D4323</b>	Splint – extra-coronal; natural teeth or prosthetic crown	Periodontal charting, recent full arch/full mouth radiograph	Tooth

<b>D4341</b>	Periodontal scaling and root planing – four or more teeth per quadrant	Periodontal charting, recent radiograph of treatment area	Quad
<b>D4342</b>	Periodontal scaling and root planing – one to three teeth per quadrant	Periodontal charting, recent radiograph of treatment area	Quad
<b>D4355</b>	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Recent full arch/full mouth radiograph	
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Periodontal charting, recent full arch/full mouth radiograph	Tooth
<b>D4910</b>	Periodontal maintenance		

## PROSTHODONTICS (REMOVABLE): D5000 – D5899

For the below procedures it is strongly recommended to verify eligibility when creating a treatment plan. Additionally, it is recommended to obtain a pre-treatment estimate for the below services.

**Recent pre-treatment x-ray of full arch(es) and Date of Extraction(s):** D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5810, D5811, D5820, D5821

CDT	DESCRIPTION	DOCUMENTATION	AREA
<b>D5110</b>	Complete denture – maxillary	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5120</b>	Complete denture – mandibular	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5130</b>	Immediate denture – maxillary	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5140</b>	Immediate denture – mandibular	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5211</b>	Maxillary partial denture – resin-base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5212</b>	Mandibular partial denture – resin-base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5213</b>	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	

<b>D5214</b>	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5225</b>	Maxillary partial denture – flexible base (including any clasps, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5226</b>	Mandibular partial denture – flexible base (including any clasps, rests, and teeth)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5282</b>	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5283</b>	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5640</b>	Replace missing or broken teeth – partial denture – per tooth	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	Tooth
<b>D5650</b>	Add tooth to existing partial denture		Tooth
<b>D5810</b>	Interim complete denture (maxillary)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5811</b>	Interim complete denture (mandibular)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5820</b>	Interim partial denture (maxillary)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	
<b>D5821</b>	Interim partial denture (mandibular)	Recent pre-treatment x-ray of full arch(es), date of extraction(s), date of previous denture if it is being replaced	

## IMPLANT SERVICES: D6000 – D6199

For implant services it is strongly recommended to verify eligibility before treatment. This will assist in determining benefits for implant services covered under the dental plan. Limit to once per year.

### Documentation Requirements

1. Full arch pre-implant placement radiographs.
2. Radiographs of the implant placement to determine restorative/prosthetic benefits.

### Clinical Requirements



1. Benefits are based on least costly treatment to replace a missing tooth with consideration of the condition of adjacent teeth. All active periodontal disease in the patient's oral cavity must have been treated and be under control.
2. Benefits are for replacement of missing natural teeth. Implants done to restore a space beyond the natural complement of natural teeth are not covered.
3. Pre-determination submitted for an implant, abutment and crown are only approved for the implant, if the previous criteria are met. The abutment and crown are reviewed after the implant is placed and a film is submitted.

CDT	DESCRIPTION	DOCUMENTATION	AREA
D6056	Prefabricated abutment – includes modification and placement	Recent pre-treatment and post-treatment (periapical) radiographs	Tooth
D6057	Custom fabricated abutment – includes placement	Recent pre-treatment and post-treatment (periapical) radiographs	Tooth
D6058	Abutment supported porcelain/ceramic crown	Recent pre-treatment and post-treatment (periapical) radiographs	Tooth
D6104	Bone graft at time of implant placement	Recent pre-treatment and post-treatment (periapical) radiographs	Tooth
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Recent pre-treatment and post-treatment (periapical) radiographs	Tooth
D6193	Replacement of an implant screw		

## PROSTHODONTICS (FIXED): D6200 – D6999

For Prosthodontics it is strongly recommended to verify eligibility before treatment. This will assist in determining to what extent these services are covered under the dental plan.

### Clinical Requirements

1. If there are multiple missing teeth in an arch a benefit will be allowed for a partial denture.
2. Benefits will be denied if the abutment tooth for a partial denture has a poor restorative, periodontal, or endodontic prognosis.

CDT	DESCRIPTION	DOCUMENTATION	AREA
D6205	Pontic – indirect resin-based composite	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
D6210	Pontic – cast high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
D6211	Pontic – cast predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
D6212	Pontic – cast noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	



<b>D6214</b>	Pontic – titanium and titanium alloys	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6240</b>	Pontic – porcelain fused to high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6241</b>	Pontic – porcelain fused to predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6242</b>	Pontic – porcelain fused to noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6245</b>	Pontic – porcelain/ceramic	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6250</b>	Pontic – resin with high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6251</b>	Pontic – resin with predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6252</b>	Pontic – resin with noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6253</b>	Provisional pontic	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6545</b>	Retainer – cast metal for resin bonded fixed prosthesis	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6548</b>	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6600</b>	Inlay – porcelain/ceramic, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6601</b>	Inlay – porcelain/ceramic, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6602</b>	Inlay – cast high noble metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6603</b>	Inlay – cast high noble metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6604</b>	Inlay – cast predominantly base metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6605</b>	Inlay – cast predominantly base metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6606</b>	Inlay – cast noble metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6607</b>	Inlay – cast noble metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6608</b>	Onlay – porcelain/ceramic, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6609</b>	Onlay – porcelain/ceramic, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6610</b>	Onlay – cast high noble metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	

<b>D6611</b>	Onlay – cast high noble metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6612</b>	Onlay – cast predominantly base metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6613</b>	Onlay – cast predominantly base metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6614</b>	Onlay – cast noble metal, two surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6615</b>	Onlay – cast noble metal, three or more surfaces	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6624</b>	Inlay – titanium	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6634</b>	Onlay – titanium	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6710</b>	Crown – indirect resin-based composite	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6720</b>	Crown – resin with high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6721</b>	Crown – resin with predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6722</b>	Crown – resin with noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6740</b>	Crown – porcelain/ceramic	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6750</b>	Crown – porcelain fused to high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6751</b>	Crown – porcelain fused to predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6752</b>	Crown – porcelain fused to noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6780</b>	Crown – ¾ cast high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6781</b>	Crown – ¾ cast predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6782</b>	Crown – ¾ cast noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6783</b>	Crown – ¾ porcelain/ceramic	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6790</b>	Crown – full cast high noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6791</b>	Crown – full cast predominantly base metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6792</b>	Crown – full cast noble metal	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	

<b>D6793</b>	Provisional retainer crown	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6794</b>	Crown – titanium and titanium alloys	Recent pre-treatment x-ray of full arch(es), date of extraction(s)	
<b>D6980</b>	Fixed partial denture repair, by report	Recent pre-treatment periapical x-ray	Tooth
<b>D6985</b>	Pediatric partial denture, fixed	Recent pre-treatment periapical x-ray	
<b>D6999</b>	Unspecified fixed prosthodontic procedure, by report	Recent pre-treatment periapical x-ray, Narrative	

## ORAL AND MAXILLOFACIAL SURGERY: D7000 – D7999

### Wisdom Tooth Extraction (Third Molars)

Dominion Dental will always be the secondary carrier for services and treatment in which the Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.

Please submit a copy of primary carrier's EOP when submitting a claim for the extraction of wisdom teeth.

#### Documentation Requirements

1. Pre-operative radiograph is required.
2. Narrative should be included if radiograph does not support the use of the code.

#### Clinical Requirements

1. Benefits will be determined based on review of the pre-operative radiograph, narrative and operative report that supports the use of the CDT code submitted.

CDT	DESCRIPTION	DOCUMENTATION	AREA
<b>D7111</b>	Extraction, coronal remnants – primary tooth		Tooth
<b>D7140</b>	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		Tooth
<b>D7210</b>	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7220</b>	Removal of impacted tooth – soft tissue	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	
<b>D7230</b>	Removal of impacted tooth – partially bony	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	
<b>D7240</b>	Removal of impacted tooth – completely bony	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7241</b>	Removal of impacted tooth – completely bony, with unusual surgical complications	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	

<b>D7250</b>	Surgical removal of residual tooth roots (cutting procedure)	Recent pre-treatment periapical x-ray or panoramic radiograph	
<b>D7251</b>	Coronectomy – intentional partial tooth removal	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	
<b>D7252</b>	Partial extraction for immediate implant placement	Periapical x-ray or Panoramic Radiograph	
<b>D7270</b>	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7272</b>	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7280</b>	Surgical access of an unerupted tooth	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7282</b>	Mobilization of erupted or malpositioned tooth to aid eruption	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7283</b>	Placement of device to facilitate eruption of impacted tooth	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth
<b>D7285</b>	Biopsy of oral tissue – hard (bone, tooth)		Tooth
<b>D7310</b>	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Quad
<b>D7320</b>	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Quad
<b>D7511</b>	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		Tooth
<b>D7521</b>	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		Tooth
<b>D7953</b>	Bone replacement graft for ridge preservation – per site	Recent pre-treatment Periapical x-ray or Panoramic Radiograph	Tooth

## ORTHODONTICS: D8000 – D8999

### Documentation Requirements

1. Intraoral photos
2. Panoramic/Cephalometric Radiograph
3. Surgical Treatment Plan

### Clinical Requirements

1. Patient must first have comprehensive orthodontic treatment prior to orthognathic surgery. Benefits will be based on the review of the submitted pre-treatment documentation that supports the use of D8091.

CDT	DESCRIPTION	DOCUMENTATION	AREA
D8070	comprehensive orthodontic treatment of the transitional dentition	Panoramic/Cephalometric Radiographs; intraoral photos	
D8080	comprehensive orthodontic treatment of the adolescent dentition	Panoramic/Cephalometric Radiographs; intraoral photos	
D8090	comprehensive orthodontic treatment of the adult dentition	Panoramic/Cephalometric Radiographs; intraoral photos	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Panoramic/Cephalometric Radiographs; intraoral photos	
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Panoramic/Cephalometric Radiographs; intraoral photos	

## ADJUNCTIVE GENERAL SERVICES: D9000 – D9999

### Anesthesia

#### Documentation Requirements

1. Narrative to support treatment of services

CDT	DESCRIPTION	DOCUMENTATION	AREA
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Narrative	
D9222	Deep sedation/general anesthesia – first 15 minutes		
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment		
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment		

### Occlusal Guards

#### Documentation Requirements

1. Narrative to support treatment of service.

#### Clinical Requirements

Occlusal guards will be benefitted for the following:

- Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations.

- To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations.

Occlusal guards will not be covered for the following:

- As an appliance intended for orthodontic tooth movement
- For treatment of temporomandibular disorders or myofascial pain dysfunction

CDT	DESCRIPTION	DOCUMENTATION	AREA
D9942	Repair and/or reline of occlusal guard	Narrative	
D9943	Occlusal guard adjustment	Narrative	
D9944	Occlusal guard – hard appliance, full arch	Narrative	
D9945	Occlusal guard – soft appliance, full arch	Narrative	
D9946	Occlusal guard – hard appliance, partial arch	Narrative	