



Utilization review guidelines

Capital Blue Cross Dental's Utilization Review (UR) Guidelines explain the criteria that we use to adjudicate pre-treatments estimates, pre-authorization requests and/or claims. 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 in order 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 Capital Blue Cross 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 Capital Blue Cross 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 six 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, Capital Blue Cross strongly advises the treating dentist to submit a treatment plan prior to initiating services. Capital Blue Cross 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 Capital Blue Cross is the secondary payer, for coordination of benefits purposes. Capital Blue Cross 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 Capital Blue Cross determines that submitted services were unbundled, they will be rebundled to the appropriate code contracted amount.

9. Alternate benefits

If Capital Blue Cross 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 Capital Blue Cross 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 Capital Blue Cross' 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 |
| D1520 | Space maintainer - removable – 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

1. 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 and 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, D2950, D2952, D2953, D2954, D2955, D2957, D2960, D2961, D2962, D2970, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999

Documentation requirements – original or replacement

1. Pre-operative periapical 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 resortative services: D2950, D2952, D2953, D2954, D2955, D2957

Core buildup: 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 benefitted if the tooth does not meet the clinical criteria for these services.

Documentation requirements

1. Diagnostic quality 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 or essential for retention of the final restoration and preservation of the tooth.
2. Build-ups performed in conjunction with inlays and $\frac{3}{4}$ 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 |
| D2392 | Resin-based composite - two surfaces, posterior | | Tooth and surface |
| D2393 | Resin-based composite - three surfaces, posterior | | Tooth and surface |
| D2394 | Resin-based composite - four or more surfaces, posterior | | Tooth and surface |
| D2510 | Inlay - metallic - one surface | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2520 | Inlay - metallic - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2530 | Inlay - metallic - three or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2542 | Onlay - metallic - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2543 | Onlay - metallic - three surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |

| CDT | DESCRIPTION © | DOCUMENTATION | AREA |
|-------|--|---------------------------------------|-------------------|
| D2544 | Onlay - metallic - four or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2610 | Inlay - porcelain/ceramic - one surface | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2620 | Inlay - porcelain/ceramic - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2642 | Onlay - porcelain/ceramic - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2643 | Onlay - porcelain/ceramic - three surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2650 | Inlay - resin-based composite - one surface | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2651 | Inlay - resin-based composite - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2652 | Inlay - resin-based composite - three or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2662 | Onlay - resin-based composite - two surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2663 | Onlay - resin-based composite - three surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2664 | Onlay - resin-based composite - four or more surfaces | Recent pre-treatment periapical X-ray | Tooth and surface |
| D2710 | Crown - resin-based composite (indirect) | Recent pre-treatment periapical X-ray | Tooth |
| D2712 | Crown - ¾ resin-based composite (indirect) | Recent pre-treatment periapical X-ray | Tooth |
| D2720 | Crown - resin with high noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2721 | Crown - resin with predominantly base metal | Recent pre-treatment periapical X-ray | Tooth |
| D2722 | Crown - resin with noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2740 | Crown - porcelain/ceramic | Recent pre-treatment periapical X-ray | Tooth |
| D2750 | Crown - porcelain fused to high noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2751 | Crown - porcelain fused to predominantly base metal | Recent pre-treatment periapical X-ray | Tooth |
| D2752 | Crown - porcelain fused to noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2780 | Crown - ¾ cast high noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2781 | Crown - ¾ cast predominantly base metal | Recent pre-treatment periapical X-ray | Tooth |
| D2782 | Crown - ¾ cast noble metal | Recent pre-treatment periapical X-ray | Tooth |

| CDT | DESCRIPTION © | DOCUMENTATION | AREA |
|-------|---|--|-------|
| D2783 | Crown - ¾ porcelain/ceramic | Recent pre-treatment periapical X-ray | Tooth |
| D2790 | Crown - full cast high noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2791 | Crown - full cast predominantly base metal | Recent pre-treatment periapical X-ray | Tooth |
| D2792 | Crown - full cast noble metal | Recent pre-treatment periapical X-ray | Tooth |
| D2794 | Crown - titanium and titanium alloys | Recent pre-treatment periapical X-ray | |
| D2799 | Provisional crown | Recent pre-treatment periapical X-ray | |
| D2920 | Recement crown | | Tooth |
| D2940 | Protective restoration | | Tooth |
| D2950 | Core buildup, including any pins | Recent pre-treatment periapical X-ray | Tooth |
| D2952 | Post and core in addition to crown, indirectly fabricated | Recent pre-treatment periapical X-ray | Tooth |
| D2953 | Each additional indirectly fabricated post - same tooth | Recent pre-treatment periapical X-ray | Tooth |
| D2954 | Prefabricated post and core in addition to crown | Recent pre-treatment periapical X-ray | Tooth |
| D2955 | Post removal (not in conjunction with endodontic therapy) | Recent pre-treatment periapical X-ray | Tooth |
| D2957 | Each additional prefabricated post - same tooth | Recent pre-treatment periapical X-ray | Tooth |
| D2960 | Labial veneer (resin laminate) - chairside | Recent pre-treatment periapical X-ray | Tooth |
| D2961 | Labial veneer (resin laminate) - laboratory | Recent pre-treatment periapical X-ray | Tooth |
| D2962 | Labial veneer (porcelain laminate) - laboratory | Recent pre-treatment periapical X-ray | Tooth |
| D2970 | Temporary crown (fractured tooth) | Recent pre-treatment periapical X-ray, narrative | Tooth |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | Recent pre-treatment periapical X-ray | Tooth |
| D2975 | Coping | Recent pre-treatment periapical X-ray | Tooth |
| D2980 | Crown repair, by report | Recent pre-treatment periapical X-ray, narrative | Tooth |
| D2999 | 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 |

| CDT | DESCRIPTION © | DOCUMENTATION | AREA |
|-------|---|--|-------|
| 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 repair of perforations, root resorption, etc.) | | Tooth |
| D3354 | Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration | | Tooth |
| D3410 | Apicoectomy/periradicular surgery – anterior | | Tooth |
| D3421 | Apicoectomy/periradicular surgery – premolar (first root) | | Tooth |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | | Tooth |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | | Tooth |
| D3430 | Retrograde filling – per root | | Tooth |
| D3450 | Root amputation – per root | | Tooth |
| D3999 | 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. Six-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

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.

Documentation requirements

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

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

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, D4273, D4276.

| 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 | |

| CDT | DESCRIPTION © | DOCUMENTATION | AREA |
|-------|---|--|-------|
| 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 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | Film of treatment area and current periodontal charting | Tooth |
| D4245 | Apically positioned flap | Film of treatment area | |
| D4249 | Clinical crown lengthening - hard tissue | Recent pre-operative periapical X-ray and narrative | Tooth |
| D4260 | Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | Film of treatment area | Quad |
| D4261 | Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | Film of treatment area | Quad |
| D4263 | Bone replacement graft - first site in quadrant | Film of treatment area | Tooth |
| D4264 | Bone replacement graft - each additional site in quadrant | Film of treatment area | Tooth |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | Periodontal charting, recent full arch/full mouth radiograph | Quad |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | Periodontal charting, recent full arch/full mouth radiograph | Tooth |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | Periodontal charting, recent full arch/full mouth radiograph | Tooth |
| D4268 | Surgical revision procedure, per tooth | | |
| D4270 | Pedicle soft tissue graft procedure | Periodontal charting | |
| D4273 | Subepithelial connective tissue graft procedures, per tooth | Periodontal charting | Tooth |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | Periodontal charting | Tooth |
| D4275 | Soft tissue allograft | Periodontal charting | |
| D4276 | Combined connective tissue and pedicle graft, per tooth | Periodontal charting | |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position graft | Periodontal charting | |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | Periodontal charting | |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crown | Periodontal charting, recent full arch/full mouth radiograph | Tooth |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crown | Periodontal charting, recent full arch/full mouth radiograph | Tooth |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | Periodontal charting, recent full arch/full mouth radiograph | Quad |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | Periodontal charting, recent full arch/full mouth radiograph | Quad |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | Recent full arch/full mouth radiograph | |
| D4381 | 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 |
| D4910 | 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 |
|-------|--|--|-------|
| D5110 | Complete denture - maxillary | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5120 | Complete denture - mandibular | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5130 | Immediate denture - maxillary | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5140 | Immediate denture - mandibular | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5211 | Maxillary partial denture - resin base (including retentive/ clasp materials, rests, and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5212 | Mandibular partial denture - resin base (including retentive/ clasp materials, rests, and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests, and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests, and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5282 | 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) | |
| D5283 | 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) | |
| D5640 | Replace broken teeth - per tooth | | Tooth |
| D5650 | Add tooth to existing partial denture | | Tooth |
| D5810 | Interim complete denture (maxillary) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5811 | Interim complete denture (mandibular) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5820 | Interim partial denture (maxillary) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D5821 | Interim partial denture (mandibular) | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |

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.

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 |

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) | |
| D6214 | Pontic – titanium and titanium alloys | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6240 | Pontic – porcelain fused to high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6241 | Pontic – porcelain fused to predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |

| CDT | DESCRIPTION ® | DOCUMENTATION | AREA |
|-------|--|--|------|
| D6242 | Pontic – porcelain fused to noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6245 | Pontic – porcelain/ceramic | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6250 | Pontic – resin with high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6251 | Pontic – resin with predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6252 | Pontic – resin with noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6253 | Provisional pontic | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6600 | Inlay – porcelain/ceramic, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6601 | Inlay – porcelain/ceramic, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6602 | Inlay – cast high noble metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6603 | Inlay – cast high noble metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6604 | Inlay – cast predominantly base metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6605 | Inlay – cast predominantly base metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6606 | Inlay – cast noble metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6607 | Inlay – cast noble metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6608 | Onlay – porcelain/ceramic, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6609 | Onlay – porcelain/ceramic, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6610 | Onlay – cast high noble metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6611 | Onlay – cast high noble metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6612 | Onlay – cast predominantly base metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6613 | Onlay – cast predominantly base metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6614 | Onlay – cast noble metal, two surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6615 | Onlay – cast noble metal, three or more surfaces | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6624 | Inlay – titanium | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |

| CDT | DESCRIPTION ® | DOCUMENTATION | AREA |
|-------|--|--|-------|
| D6634 | Onlay – titanium | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6710 | Crown – indirect resin based composite | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6720 | Crown – resin with high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6721 | Crown – resin with predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6722 | Crown – resin with noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6740 | Crown – porcelain/ceramic | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6750 | Crown – porcelain fused to high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6751 | Crown – porcelain fused to predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6752 | Crown – porcelain fused to noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6780 | Crown – ¾ cast high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6781 | Crown – ¾ cast predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6782 | Crown – ¾ cast noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6783 | Crown – ¾ porcelain/ceramic | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6790 | Crown – full cast high noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6791 | Crown – full cast predominantly base metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6792 | Crown – full cast noble metal | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6793 | Provisional retainer crown | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6794 | Crown – titanium and titanium alloys | Recent pre-treatment X-ray of full arch(es), date of extraction(s) | |
| D6970 | Post and core in addition to fixed partial denture retainer, indirectly fabricated | Recent pre-treatment X-ray | |
| D6971 | Cast post and core – retainer | Recent pre-treatment X-ray | |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | Recent pre-treatment X-ray | |
| D6973 | Core build up for retainer, including any pins | Recent pre-treatment X-ray | |
| D6975 | Coping – metal | Recent pre-treatment periapical X-ray | |
| D6976 | Each additional indirectly fabricated post – same tooth | Recent pre-treatment X-ray | |
| D6977 | Each additional prefabricated post – same tooth | Recent pre-treatment X-ray | |
| D6980 | Fixed partial denture repair, by report | Recent pre-treatment periapical X-ray | Tooth |
| D6985 | Pediatric partial denture, fixed | Recent pre-treatment periapical X-ray | |
| D6999 | Unspecified fixed prosthodontic procedure, by report | Recent pre-treatment periapical X-ray, narrative | |

Oral and maxillofacial surgery: D7000 – D7999

Wisdom tooth extraction

Capital Blue Cross 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 |
|-------|---|---|-------|
| D7111 | Extraction, coronal remnants - primary tooth | | Tooth |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | | Tooth |
| D7210 | 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 |
| D7220 | Removal of impacted tooth - soft tissue | Recent pre-treatment periapical X-ray or panoramic radiograph | |
| D7230 | Removal of impacted tooth - partially bony | Recent pre-treatment periapical X-ray or panoramic radiograph | |
| D7240 | Removal of impacted tooth - completely bony | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | Recent pre-treatment periapical X-ray or panoramic radiograph | |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | Recent pre-treatment periapical X-ray or panoramic radiograph | |
| D7251 | Coronectomy – intentional partial tooth removal | Recent pre-treatment periapical X-ray or panoramic radiograph | |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7280 | Surgical access of an unerupted tooth | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7283 | Placement of device to facilitate eruption of impacted tooth | Recent pre-treatment periapical X-ray or panoramic radiograph | Tooth |
| D7285 | Biopsy of oral tissue - hard (bone, tooth) | | Tooth |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | Recent pre-treatment periapical X-ray or panoramic radiograph | Quad |
| D7320 | 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 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | | Tooth |

| CDT | DESCRIPTION ® | DOCUMENTATION | AREA |
|-------|---|---|-------|
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | | Tooth |
| D7953 | 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 transition 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

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.

Documentation requirements

1. Narrative to support treatment of service.

| 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 | |