# Clinical Guidelines

**Ameritas networks**
800-487-5553 | 800-659-5556 NY
7 a.m. to midnight Monday — Thursday (CST)
7 a.m. — 6:30 p.m. Friday

The following is a list of Current Dental Terminology © American Dental Association procedure codes for which we request supporting documentation to establish benefits. Providing the required and recommended documentation will help with timely claim processing.

This information is not intended to dictate a course of treatment but will assist with successful claim submission. Dental policies and benefits vary. All submitted procedures are subject to clinical review and applicable policy provisions and limitations will apply.

## General Documentation Guidelines

Ensure all supporting documentation is legible and dated. Include tooth numbers and applicable treatment sites. Provide diagnostic-quality radiographic images when required. Include clinical notes or narratives when radiographic images alone do not adequately support treatment rendered. Clearly label duplicate radiographic images as right and left when applicable.

If you would like radiographic images or other supporting attachments returned, please enclose a self-addressed, stamped envelope with each claim.

Below are some common claims and the required documentation.

| Category | Procedure codes | Required documentation |
|---|---|---|
| Crowns, inlays, onlays, veneers | D2510-D2962 | Diagnostic-quality bitewing and/or periapical radiographic images |
| Bridge retainers and bridge crowns | D6545-D6794 | Diagnostic-quality bitewing and/or periapical radiographic images for the entire arch |
| Build-ups | D2950, D2952, D2954 | Diagnostic-quality bitewing and/or periapical radiographic images for the entire arch |
| Endodontics | D3346-D3427 | Diagnostic-quality periapical and/or panoramic radiographic images |
| SRP / Periodontal Surgery | D4210-D4381 | Diagnostic-quality bitewing/ periapical radiographic images and 6-point periodontal charting dated within one year |

| Category | Procedure codes | Required documentation |
|---|---|---|
| Soft Tissue Grafting | D4270-D4285 | Intraoral photographs.<br>Include the supporting clinical measurements:<br>Millimeters of recession<br>Millimeters of attached gingiva<br>Sulcus/pocket depth<br>Frenum involvement<br>Tooth or teeth involved<br>Whether recession has increased during the past 12 months<br>Diagnostic-quality bitewing/ periapical radiographic images and 6-point periodontal charting dated within one year |
| Surgical Extractions / Alveoloplasty | D7210-D7321 | Periapical, full-mouth series, and/or panoramic radiographic images |
| Implants | D6010, D6040, D6050 | Diagnostic-quality radiographic images supporting the implant site |
| Medically Necessary Orthodontia | D8070-D8090 | HLD Index Score Sheet (Indiana: Salzmann Index documentation) |

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# Restorative claims

**The following documents are required or recommended upon review of the claim:**

REQUIRED:

- Diagnostic quality bitewing and/or periapical radiographic images dated and labeled.
- Prior placement dates and reasons for replacement of prior crowns.

RECOMMENDED:

- Pretreatment estimate.
- Legible clinical notes.
- Intra-oral photos when available.

## Crown/Inlay/Onlay: D2510-D2664, D2710-D2794

A crown is a restoration placed on a tooth when the tooth structure has been lost due to decay or traumatic injury.

Indicated when:

- There is extensive loss of tooth structure due to decay or fracture and is not restorable with a more conservative restoration.
- A posterior tooth is endodontically treated (root canal treatment).
- Tooth/teeth have a good long-term prognosis with adequate bone support, adequate tooth structure above bone level, and are free from endodontic pathology.
- Fractured/cracked teeth with well documented symptoms of cracked or fractured tooth syndrome. Claims associated with such a diagnosis should include specific details about diagnostic testing, exam findings, and the diagnostic process.

## Veneers: D2960-D2962

A veneer is a restoration that extends interproximally and/or covers the incisal edge of the tooth.

Indicated when:

- There is extensive loss of tooth structure due to decay or fracture and is not restorable with a more conservative restoration.
- Tooth/teeth have a good long-term prognosis with adequate bone support, adequate tooth structure above bone level, and are free from endodontic pathology.

## Bridge: D6545, D6548, D6549, D6600-D6634, D6710-D6794

A bridge is a fixed restoration to replace one or more missing teeth using artificial teeth.

Indicated when:

- Sufficient bone support.
- Absence of root pathology.
- Gross decay present, not to bone level.
- Short span (replacing one post tooth, two or less anterior teeth).
- No other missing teeth in the arch.
- Replacement bridges are considered when there is a breakdown of prior prosthesis due to decay, fracture, or other factors causing failure of the prosthesis.

## Core buildup: D2950

A core buildup is a distinct and separate procedure from crown preparation. The purpose of a core buildup is to help support the crown when there is not enough natural tooth structure left for retention of the crown. It is not to be used as a filler for the elimination of irregularities such as undercut box forms or concave irregularities.

Indicated when:

- Sufficient bone support.
- Absence of root pathology.
- Gross decay present or missing tooth structure, not to bone level.
- Considered when replacing prior full coverage crown.
- Insufficient tooth structure remaining for retention of crown.

## Post and core: D2952-D2954

A post and core is a distinct and separate procedure from crown preparation. A post and core is a core built around a prefabricated post. The procedure includes the core material.

Indicated when:

- Sufficient bone support.
- Absence of root pathology.
- Gross decay present or missing tooth structure, not to bone level.
- Considered when replacing prior full coverage crown.
- There is a root canal in the tooth with insufficient tooth structure remaining for retention of a crown.

# Endodontic claims

**Endodontic treatment is an important service used to treat disease or injury affecting the dental pulp and to help preserve a natural tooth.**

**The following are tips for the submission of common endodontic claims:**

REQUIRED:

- Diagnostic quality periapical radiographic images showing the tooth requiring treatment, including pre-treatment images with dates and labels.
- Documentation identifying the tooth treated and the endodontic procedure performed.

RECOMMENDED:

- Pre-treatment estimate.
- Legible clinical notes describing symptoms, diagnosis, pulpal and/or periapical findings, and treatment provided.
- Additional supporting documentation, such as pulp vitality testing results, periodontal findings, or post-treatment radiographs when applicable.

## Apexification/Recalcification: D3351-D3353

Apexification/recalcification includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs.

Indicated when:

- Permanent teeth with incomplete root development or a repair of a perforation that is found at the end of a root tip.

## Endodontic (RCT) Retreatment: D3346-D3348

A procedure needed when an existing root canal treatment has failed and needs to be redone.

## Pulpal Regeneration: D3355-D3357

Pulpal regeneration includes opening of tooth, preparation of canal spaces, and placement of medication.

## Apicoectomy: D3410, D3421, D3425-D3427

Apicoectomy is surgery to the root surface that does not include placement of retrograde filling material.

Indicated when:

- Repair of a root perforation or resorptive defect is needed.
- Exploratory curettage is needed to look for root fractures.
- Removal of extruded filling material or instruments, broken root fragments.
- Sealing of accessory canals.

# Periodontal claims

**Scaling and root planing is a critical part of the services provided to your patients to prevent the progression of periodontitis.**

**The following documents are required or recommended upon review of the claim:**

REQUIRED:

- Diagnostic quality bitewing and/or periapical radiographic images showing all teeth planed for care, with details and labels.
- 6-point periodontal charting that is legible, dated and current within one year.

RECOMMENDED:

- Legible clinical notes.
- Pretreatment estimate .

Use the proper CDT code. Below are examples of common Periodontal coding criteria.

**Common Periodontal Procedures and Clinical Considerations**

## D4341 / D4342 — Scaling and Root Planing (SRP)

Indicated when:

- The procedure is therapeutic, not prophylactic, due to a periodontal disease diagnosis.
- There is evidence of bone loss resulting in root surface exposure.
- Probing depths are ≥ 4 mm.

### D4346 — Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation

Indicated when:

- Moderate or severe gingival inflammation is present without periodontitis.
- No attachment loss or bone loss is evident.
- The procedure is more extensive than a prophylaxis (D1110) but does not meet the criteria for SRP (D4341/ D4342).

### D4240 / D4241 — Gingival Flap Procedure

Indicated when:

- There is evidence of moderate to severe bone loss.
- Probing depths are ≥ 5 mm.

### D4260 / D4261 — Osseous Surgery

Indicated when:

- There is evidence of moderate to severe bone loss.
- Probing depths are ≥ 5 mm.

### D4355 — Full Mouth Debridement

Indicated when:

- Debridement is necessary to enable a comprehensive oral evaluation and diagnosis at a subsequent visit.

### D4381 — Localized Delivery of Antimicrobial Agents

Indicated when:

- The treatment is performed following periodontal therapy.
- Residual pocket depths of 6-8 mm are present.

### D4210 / D4211 — Gingivectomy/ Gingivoplasty

Indicated when:

- Treatment is necessary to eliminate suprabony pockets or restore normal gingival architecture associated with gingival enlargement or irregular gingival contours.

### D4263 / D4264 / D4265 / D4266 / D4267 – Regenerative Procedures

Indicated when:

- There is radiographic evidence of bone loss.
- Probing depths are ≥ 5 mm.

### D4270 — Pedicle Soft Tissue Graft

Indicated when:

- Root exposure is present.

### D4273 / D4283 / D4275 / D4285 / D4276 — Connective Tissue Grafting Procedures

Indicated when:

- Gingival recession or inadequate attached gingiva is present.

### D4277 / D4278 — Free Soft Tissue Graft Procedures

Indicated when:

- Gingival recession, inadequate attached gingiva, or other mucogingival defects are present.

## Surgical claims

**The following documents are required or recommended upon review of the claim:**

REQUIRED:

- Diagnostic quality periapical, full mouth series and/or panorex radiographic images.

RECOMMENDED:

- Legible narrative describing specifics of the procedure performed and/or a copy of surgical notes detailing the removal of each tooth.
- Pretreatment estimate.
- Intra-oral photos.

### Surgical Extraction

**D7210:** Extraction of an erupted tooth requiring removal of bone and/or sectioning of the tooth with a surgical handpiece.

Indicated when:

- The clinical crown loss is bone level.
- There is hypercementosis or if the tooth is ankylosed.
- There is a presence of periapical lesions on posterior tooth that has already been endodontically treated.

### Impactions

**D7220:** Extraction of a tooth with soft tissue covering the occlusal surface.

Indicated when:

- The clinical crown is covered or partially covered with soft tissue due to tooth position.

**D7230:** Extraction of a tooth with a part of the clinical crown covered by bone.

Indicated when:

- A portion of the crown is covered by bone, and the tooth is below the occlusal plane, which will require bone removal and a soft tissue flap to be performed to remove the tooth.

**D7240:** Extraction of a tooth with most or all the clinical crown covered by bone.

Indicated when:

- A tooth is fully impacted within bone and requires removal due to pain, infection, pathology, damage to adjacent teeth, or other documented clinical concerns.

**D7241:** Extraction of a tooth with most or all the clinical crown covered by bone, with unusual surgical complications.

Indicated when:

- Most or all the crown is covered by bone with unusually difficult or complicated factors such as nerve dissection.

**D7251:** Coronectomy- Intentional Partial Tooth Removal

Indicated when:

- Intentional partial tooth removal to avoid neurovascular complication and the entire tooth is impacted.

### Other

**D7250:** Removal of residual tooth roots (cutting procedure).

Indicated when:

- Only residual tooth roots are present and require cutting of soft tissue and bone to remove the roots.

### Alveoloplasty

A surgical procedure to recontour and/or smooth the alveolar bone. It is a distinct, separate procedure from extractions and is usually performed in preparation for a prosthesis.

**D7310:** Alveoloplasty in conjunction with extractions on 4 or more teeth or tooth spaces, per quadrant.

**D7311:** Alveoloplasty in conjunction with extractions on 1-3 teeth or tooth spaces, per quadrant.

**D7320:** Alveoloplasty not in conjunction with extractions on 4 or more teeth or tooth spaces, per quadrant.

**D7321:** Alveoloplasty not in conjunction with extractions on 1-3 teeth or tooth spaces, per quadrant.

# Implant Claims

**Dental implant treatment is used to replace missing teeth and restore function.**

**The following documents are required or recommended upon review of the claim:**

REQUIRED

- Diagnostic-quality radiographic images that are dated and labeled.
- Documentation identifying the tooth or site being treated.
- Documentation supporting the need for implant placement.

RECOMMENDED

- Pretreatment estimate.
- Legible clinical notes describing the diagnosis, treatment plan, and clinical findings.
- Cone beam computed tomography (CBCT) images, when available.
- Intraoral photographs, when available.

### Common Implant Procedures and Clinical Considerations

**D6010, D6040, D6050:** Surgical Placement of an Implant Body

Indicated when:

- One or more teeth are missing or require extraction and replacement.
- There is adequate bone volume or planned site development to support implant placement.
- The patient is an appropriate candidate for implant therapy based on the clinical evaluation and treatment plan.

# Orthodontic claims

**D8070-D8090:** Orthodontic, if the policy has coverage for medically necessary orthodontia, complete and submit the HLD Index Score Sheet for Medically Necessary Orthodontics (In Indiana only, use the Salzmann Index Evaluation Detailed Instructions for Completion.).

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