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Northeast Delta Dental Clinical Documentation Requirements

Quality radiographs and legible written documentation are necessary to make an accurate benefit determination. Non-diagnostic radiographs and illegible written documentation will be returned, and benefit determination will be delayed. On occasion, Northeast Delta Dental's professional reviewers will request diagnostic or post-operative radiographs concerning other procedures, not listed below, to assist them in their benefit determinations. Post-treatment reviews and requests for radiographs will also be made on a random basis to verify treatment.

The following procedures routinely require submission of a pathology report for benefit determination purposes:

D0472 Accession of tissue, gross examination, preparation & transmission of written report
D0473 Accession of tissue, gross & microscopic examination, preparation & transmission of written report
D0474 Accession of tissue, gross & microscopic examination, including surgical margins, preparation & transmission of written report
D0475 Decalcification procedure
D0476 Special stains for micro-organisms
D0477 Special stains, not for micro-organisms
D0478 Immunohistochemical stains
D0479 Tissue in situ hybridization, including interpretation
D0480 Accession of exfoliative cytological smears, microscopic examination, preparation & transmission of written report
D0481 Electron microscopy
D0482 Direct immunofluorescence
D0483 Indirect immunofluorescence
D0486 Accession of transepithelial cytologic sample, microscopic examination, preparation & submission of written report
D0502 Other oral pathology procedures, by report
D7285 Biopsy of oral tissue - hard
D7286 Biopsy of oral tissue - soft
D7288 Brush biopsy - transepithelial sample collection

The following procedures routinely require submission of diagnostic radiographs and periodontal charting for benefit determination purposes:

D4260 Osseous surgery (including flap entry and closure) - per quadrant - four or more teeth
D4261 Osseous surgery (including flap entry and closure) - per quadrant - one to three teeth
D4263 Bone replacement graft - first site in quadrant
D4264 Bone replacement graft - each additional site in quadrant

The following procedures routinely require submission of periodontal charting only for benefit determination purposes:

D4210 Gingivectomy or gingivoplasty - per quadrant
D4211 Gingivectomy or gingivoplasty - per quadrant - one to three teeth
D4240 Gingival flap procedure, including root planing - per quadrant
D4241 Gingival flap procedure, including root planing - per quadrant, one to three teeth

The following procedure requires diagnostic radiographs, clinical notes and photo, if available. Procedure is not covered when performed on the same date of service as a crown or restoration:

D4249 Clinical crown lengthening - hard tissue

The following procedures routinely require submission of clinical notes and diagnostic radiographs:

D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
D7251 Coronectomy - intentional partial tooth removal

The following procedures have benefit limitations that require additional clinical documentation for review by the dental consultants.

1. Any "Unspecified" procedure codes ending in two nines (99) are by report and subject to review. Clinical notes, a narrative and radiographs (if applicable) are required to assist the dental consultants in determining if the procedure can be approved for benefits. Claims or predeterminations for unspecified codes that do not include clinical documentation will be denied.
2. Charges for more than two quadrants of osseous surgery (D4260) performed on the same date of service are disallowed. Documentation is required regarding the appointment time and circumstances necessitating the number of quadrants of osseous surgery being performed. This is in addition to the standard requirement for clinical notes and pre-operative radiographs for osseous surgery submissions.
3. Charges for more than two quadrants of periodontal scaling and root planing (D4341) performed on the same date of service are disallowed. Periodontal charting and documentation are required regarding the appointment time and circumstances necessitating the number of quadrants of scaling and root planing being performed.
4. Charges for more than one hour of general anesthesia (D9223) or IV sedation (D9243) performed on the same date of service are disallowed. Documentation is required regarding the circumstances necessitating more than one hour of general anesthesia and/or IV sedation being performed on the same date of service.