



## Frequently submitted procedure codes: Helpful information for claims processing

Please note all of the identified claims submission information stated below is current processing policy. There are no new requirements outlined.

Procedures	Benefit Criteria	Beneficial Submission Documents  Please note this list indicates beneficial items,  not those that are required for processing.
Core Buildup: D2950	Lack of vertical tooth structure remaining to retain crown restoration	<ul><li>Pre Op Radiographic Image</li><li>Diagnostic and Operative Clinical Notes</li><li>Pre Op Photo</li></ul>
Post and Core: D2952, D2954	<ul> <li>Radiograph of completed root canal</li> <li>Clinical notes with prep and seat dates (D2952)</li> </ul>	<ul><li>Pre Op Radiographic Image</li><li>Operative Clinical Notes</li></ul>
Crowns and Onlays	Loss of one or more cusps or greater than 50% of clinical crown height	<ul><li>Pre Op Radiographic Image</li><li>Diagnostic and Operative Clinical Notes</li><li>Pre Op Photo</li></ul>
Gingivectomy: D4210, D4211	<ul> <li>For Periodontal disease (bone loss)</li> <li>Gingival hyperplasia interfering with orthodontic treatment</li> <li>Radiological evidence of bone loss</li> </ul>	<ul><li>Pre Op Radiographic Image</li><li>Diagnostic and Operative Clinical Notes</li><li>Periodontal Charting</li></ul>
Bone Grafts: D4263, D4264, D7953	<ul><li>Natural teeth only</li><li>Oblique bone loss and for extraction socket with planned implant</li></ul>	<ul><li>Pre Op Radiographic Image</li><li>Operative Clinical Notes</li></ul>
Gingival Grafts: D4270, D4273, D4283, D4277, D4278, D4275, D4285	<ul> <li>Benefitted only for lack of attached gingiva (1mm or less)</li> <li>Denied for root coverage</li> <li>Denied for aesthetics</li> </ul>	<ul> <li>Periodontal Charting Documenting Amount of Attached Gingiva (measurement from gingival margin to mucogingival junction minus pocket depth)</li> <li>Pre Op Radiographic Image</li> <li>Pre Op Photo</li> </ul>
Surgical Extraction: D7210	Requires bone removal and/or sectioning of tooth for each specific tooth extracted	<ul><li>Pre Op Radiographic Image</li><li>Operative Clinical Notes</li></ul>
Frenectomy: D7961, D7962, D7963	<ul> <li>Ankyloglossia, speech and swallowing problems (by referral)</li> <li>Maxillary extends to palate or any frenum causing significant gingival recession</li> </ul>	<ul><li>Diagnostic and Operative Clinical Notes</li><li>Referral (if appropriate)</li><li>Pre Op Photo</li></ul>