Supporting Documentation

For dental professionals who submit claims to Standard Insurance Company and to The Standard Life Insurance Company of New York.

Insured members of Standard Insurance Company and The Standard Life Insurance Company of New York utilize the Ameritas Dental Network.

The following is a list of Current Dental Terminology © American Dental Association procedure codes for which we request supporting documentation to establish benefits. In addition to the requested information, narratives or charting notes should be submitted to support your claim in the event the X-rays aren't adequate. All documents should be dated and legible. Please label duplicate films left and right. If you would like radiographic images or other supporting attachments returned, please enclose a self-addressed, stamped envelope with each claim.

Category of procedures	Procedure codes	Supporting documentation required with claim
Crowns	D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931	Bitewing and/or periapical radiographic images
Build-ups	D2950, D2952, D2954	
Inlays	D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
Onlays	D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
Veneers	D2960, D2961, D2962	
Bridge inlay/onlay retainers	D6545-D6634	Bitewing and/or periapical radiographic images for entire arch
Bridge retainer crowns	D6710-D6794	
Implants	D6010, D6040, D6050	Full mouth series radiographic images
Surgical extractions/Alveloplasty	D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7310-D7321	Periapical, full mouth series and/or panorex radiographic images
SRP/Periodontal surgery	D4210-D4211, D4240-D4241, D4260-D4261, D4263-D4267, D4274, D4341-D4342, D4381	Bitewing and/or periapical radiographic images, and 6-point periodontal charting (legible, dated, current within 1 year)
Soft tissue grafting	D4270, D4273, D4275-D4285	Intraoral images Include the following information: 1. Millimeters of recession 2. Millimeters of attached gingiva 3. Sulcus/pocket depth 4. Frenum involvement 5. Tooth or teeth involved 6. Has there been an increase in recession in the past 12 months?
Endodontics	D3346-D3348, D3351-D3353, D3355-D3357, D3410, D3421, D3425-D3427	Periapical radiograph images and/or Panorex radiographic images
Medically necessary orthodontia	D8070-D8090	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.)

800-547-9515 I 888-396-8641 NY
Monday - Thursday
7 a.m. to midnight Central
Friday - 7 a.m. to 6:30 p.m.

Tips for crown, bridge, and core buildup claims

Patient dental policies and benefits vary. Understanding the information that is needed when submitting claims for crowns, bridges, and core buildups will help ensure that your patient's claim will be processed in a timely manner. Listed below are the minimum criteria being considered for coverage and the supporting documentation needed. This information is not intended to dictate a course of treatment, but will assist you in successful claim submission.

Please note, all submitted procedures are subject to clinical review, and applicable policy provisions and limitations will apply.

The following are tips for the submission of crown, bridge, and core buildup claims.

- Required: Diagnostic quality bitewing and/or periapical radiographic images dated and labeled
- Required: Prior placement dates and reason for replacement of prior crowns
- Recommended: Pre-treatment estimate
- Recommended: Legible clinical notes
- Recommended: Intra-oral photos when available

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

Crowns (D2710-D2794)

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

Minimum criteria for crowns

- Extensive loss of tooth structure due to decay or fracture and not restorable with a more conservative restoration.
- Endodontically treated posterior tooth.
- 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.

Bridges (D6710-D6794)

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

Minimum criteria for bridges

- 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 prothesis 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 (this is a separate code).

Minimum criteria for core buildup

- 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

Tips for common periodontal claims

Scaling and root planing is a critical part of the services provided to your patients to prevent the progression of periodontitis. Patient dental policies and benefits vary. Understanding the information that is needed when submitting claims for scaling and root planing or periodontal surgery will help ensure that your patient's claim will be processed in a timely manner. Listed below are the minimum criteria being considered for coverage and the supporting documentation needed. This information is not intended to dictate a course of treatment but, will assist you in successful claim submission.

Please note, all submitted procedures are subject to clinical review, and applicable policy provisions and limitations will apply.

The following are tips for the submission of common periodontal claims.

- Required: diagnostic quality bitewing and/or periapical radiographic images showing all teeth planned for care, with dates and labels
- Required: 6-point periodontal charting that is legible, dated, and current within 1 year
- Recommended: Legible clinical notes
- Recommended: Pre-treatment estimate

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

Minimum criteria for D4341

4 or more teeth per quadrant that have both:

- Evidence of alveolar bone loss to an extent that root surfaces are exposed and available for instrumentation
- ≥ 4 mm probing depths

Minimum criteria for D4342

1 to 3 teeth per quadrant that have both:

- Evidence of alveolar bone loss to an extent that root surfaces are exposed and available for instrumentation
- ≥ 4 mm probing depths

It is important to note that D4341/D4342 are considered therapeutic procedures intended to address periodontitis. They are not preventive in nature and are not intended to be used when care is meant to prevent the onset of periodontal disease.

Minimum criteria for D4240/D4260

4 or more contiguous teeth or tooth bounded spaces per quadrant that have both:

- Evidence of moderate to severe bone loss
- ≥ 5 mm probing depths

Minimum criteria for D4241/D4261

1 to 3 contiguous teeth or tooth bounded spaces per quadrant that have both:

- Evidence of moderate to severe bone loss
- ≥ 5 mm probing depths

Minimum criteria for D4346

Full mouth scaling in the presence of generalized moderate or severe gingival inflammation after oral evaluation. This code was added to fill the gap between a D1110 and D4341/4342. This code would not be appropriate for a "difficult prophy" if it is being utilized strictly because of the amount of time it takes to complete the procedure. The procedure is based on the clinical presentation rather than the duration of treatment.

- The removal of plaque, calculus, and stains from supra and sub gingival tooth surfaces when moderate or severe gingival inflammation is present in the absence of periodontitis. No attachment or bone loss evident.

Minimum criteria for D4355

Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit.

- The removal of plaque and calculus that interferes with the ability to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.

Minimum criteria for D4381

D4381 is intended as a treatment of limited sites, not as a substitute for surgical care when pathology is widespread. Intended for treatment following the healing period after periodontal therapy. Reported on a per tooth basis. Application of D4381 at multiple sites on a single tooth is reported as one D4381.

- Pocket depths of ≥ 6 mm but ≤ 8mm

Tips for surgical claims

Patient dental policies and benefits vary. Understanding the information that is needed when submitting surgical procedures will help ensure that your patient's claim will be processed in a timely manner. Listed below are the minimum criteria being considered for coverage and the supporting documentation needed. This information is not intended to dictate a course of treatment but will assist you in successful claim submission.

Please note, all submitted procedures are subject to clinical review, and applicable policy provisions and limitations will apply.

The following are guidelines for the submission of surgical procedures.

- 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.
- Recommended: Pre-treatment estimate
- Recommended: Intra-oral photos

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

Surgical extractions

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

- Clinical crown loss down to level of bone
- Divergent, thin, curved, or brittle roots present
- Hypercementosis or if tooth is ankylosed or submerged
- Endodontic treatment of multi-rooted teeth
- Bone loss under 50% for multirooted teeth, less than 30% for single rooted teeth

Impactions

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

- Clinical crown is apical to the occlusal plane and has soft tissue covering any portion of the crown, requires flap for removal
- Operculum

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

- A portion of the crown is covered by bone above the height of contour and the tooth is below the occlusal plane
- Bone removal and soft tissue flap is performed

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

- Most of the crown is covered by bone above the height of contour and the tooth is below the occlusal plane
- Bone removal and soft tissue flap is performed

D7250 - Removal of residual tooth roots (cutting procedure)

Minimum Criteria for D7250

- Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

Alveoloplasty

D7311- Alveoloplasty in conjunction with extractions (1-3 teeth or tooth spaces)

- Surgical notes of pre-prosthetic procedure
- Not allowed with 3rd molar or most single extractions

D7310- Alveoloplasty in conjunction with extractions (4 or more teeth or tooth spaces)

- Surgical notes of pre-prosthetic procedure
- Not allowed with third molar or most single extractions

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