

# Dental Claims Attachments

Quick Reference | 2019



PROCEDURES	TOOTH # OR SITE	REQUIRED IMAGES	POSTOP X-RAY REQUIRED?	NARRATIVE REQUIRED?	DATE OF PRIOR PLACEMENT?	PERIODONTAL CHARTING REQUIRED?
<b>CROWNS</b>	Tooth Number	Bitewing (BTW) and/or Periapical Film	Periapical if root canal	YES	YES, if replacement	NO*
<b>ENDODONTICS</b>	Tooth Number	Periapical Film	NO	YES	NO	NO*
<b>PERIODONTICS</b>	Quadrant or Tooth Number	Bitewing (BTW) and/or Periapical Film(s) of tooth or area	NO	YES	NO - For D4381 – dates of previous SRP (D4341 or D4342)	YES
<b>PARTIAL DENTURES</b>	Arch	Full mouth series or Panoramic Film	NO	NO	YES, if replacement	NO*
<b>COMPLETE DENTURES</b>	Arch	Full mouth series or Panoramic Film	NO	NO	YES, if replacement	NO*
<b>IMPLANT BODIES</b>	Tooth Number	Full mouth series or Panoramic Film	NO	NO	YES, if replacement	NO*
<b>IMPLANT ABUTEMENTS/ IMPLANT CROWNS</b>	Tooth Number	Periapical Film	YES, implant in place	NO	YES, if replacement	NO*
<b>FIXED BRIDGES</b>	Tooth Number	X-rays of the full arch (upper or lower) where the bridge will be placed	NO	NO	YES, if replacement	NO periodontal charting YES dental charting indicating missing teeth
<b>ORAL SURGERY</b>	Tooth Number	Panoramic Film	NO	YES	NO	NO*
<b>ORTHODONTICS</b>	NO	Panoramic imaging 5-7 intraoral photos Other forms as required in the member specific benefit plan document	NO	NO	NO	NO*
<b>OCCUSAL GUARDS</b>	NO	Full mouth series or Panoramic Film	NO	YES	NO	NO*

\*Required only upon request