CODE	PROCEDURE	PRE-OP XRAY	POST-OP XRAY	PANORAMIC	BWX	PA	FMX	INTRAORAL PHOTO	PERIO CHART	SRP/D4910 HISTORY	PATHOLOGY REPORT	SEAT DATE	EXT DATE	EXISTING CROWN AGE	NARRATIVE	ADDITIONAL NOTES
* ALWAYS INCLUDE PRIMARY EOB WITH SECONDARY CLAIMS																
D0360-0386	CONE BEAM CT/CBCT	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Statement of medical necessity.	Rarely covered by dental or medical.
D1999	UNSPECIFIED PREVENTIVE PROCEDURE (PPE)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Additional personal & patient protective equipment (N95 mask, face shield, gown, hair cap) required by OSHA/CDC due to COVID-19.	Rarely covered.
D2410-2664	INLAYS/ONLAYS	☑	☑	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	Tooth # had deep recurrent decay/fracture/ involving buccal/lingual cusps. Inlay/Onlay is a conservative option to a full crown, while capping & replacing cusps.	YOU MUST CUSTOMIZE THE NARRATIVE TO THE SPECIFIC CASE!
D2710-2799, 2931-2933	PERMANENT CROWNS	☑	☑	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	☑	Tooth # had deep recurrent decay/fracture/cracked tooth/open margin, etc.	YOU MUST CUSTOMIZE THE NARRATIVE TO THE SPECIFIC CASE!
D2950	BUILD UP	☑	☑	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	After prep, more than 60% of tooth was missing requiring buildup to retain crown	YOU MUST CUSTOMIZE THE NARRATIVE TO THE SPECIFIC CASE!
D3310-3950	ENDO PROCEDURES	☑	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	Date of previous RCT & reason for retreatment (for D3346-3348 only).	
D4210-4321	PERIO PROCEDURES	☑	☐	☑	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	Periodontal Diagnosis = Class III Moderate / Class IV Severe / Class V Aggressive & reason for procedure.	Any xray type showing the area treated is acceptable. Preferred xray is FMX, Pano, PA, then BWX.
D4341-4346	SCALING & ROOT PLANING	☑	☐	☑	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	If all 4 quads same day, provide creenshot of clinical note, narrative with length of appt, anesthetic used & reason for 4 quads same day.	Any xray type showing the area treated is acceptable. Preferred xray is FMX, Pano, PA, then BWX.
D4355	FULL MOUTH DEBRIDEMENT	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Excessive buildup of plaque & calcus interfering with ability to complete exam.	Usually covered with narrative alone. May need to send xrays/photos.
D4381	LOCALIZED DELIVERY OF MICROBIAL AGENTS (ARESTIN)	☑	☐	☑	☑	☑	☑	☐	☑	☑	☐	☐	☐	☐	Initial SRP did not resolve all pockets. Application of Minocycline HCL to reduce inflammation.	Any xray type except PA showing the area treated is acceptable. Preferred xray is FMX, Pano, then BWX.
D4910	PERIODONTAL MAINTENANCE	☑	☐	☑	☑	☐	☑	☐	☑	☑	☐	☐	☐	☐		A screenshot of account ledger/history showing SRP/D4910 dates is acceptable or type in dates. If no history of SRP on file, send D4910 dates. Any xray type except PA showing the area treated is acceptable. Preferred xray is FMX, Pano, then BWX.
D5110-5286	DENTURES	☑	☐	☑	☑	☐	☑	☐	☐	☐	☐	☐	☑	☐	List dates of extractions with teeth #'s. If dates are unknown, state that teeth were already missing. List tooth #'s being replaced if partial. List age of existing appliance & reasoning if replacement.	Any xray type except PA showing the area treated is acceptable. Preferred xray is Pano, FMX, BWX.
D6010-6050, 6055-6123	IMPLANT SERVICES	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	List dates of extraction, prep, seat dates and if initial or replacement.	
D6205-6794	FIXED PONTICS/CROWNS	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☑	List age of existing appliance & reasoning if replacement.	Any xray type showing the area treated is acceptable. Preferred xray is PA, FMX, Pano, then BWX.

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D7210-7283	SURGICAL SERVICES & EXTS	☑	☐	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐		Any xray type showing the area treated is acceptable. Preferred xray is PA, FMX, Pano, then BWX.
D7285-7286, 7410-7465	BIOPSY & EXCISION OF LESIONS	☑	☐	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐		
D7310-7350	ALVEOLOPLASTY & VESTIBULOPLASTY	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐		Any xray type except BWX showing the area treated is acceptable. Preferred xray is PA, FMX, then Pano.
D7510-7540	ABSCESS/FOREIGN BODY REMOVAL	☑	☐	☑	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐		
D7950-7953	BONE GRAFTS	☑	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	Necessary to preserve ridge anatomy & alveiolar height for planned future implant.	Any xray type except BWX showing the area treated is acceptable. Preferred xray is PA, FMX, then Pano.
D7961-7963	FRENECTOMY/FRENULOPLASTY	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	Excision of frenum/tissue that is restricting patient's ability to function normally.	
D8010-8220	ORTHO TREATMENT	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	Length of treatment = ___ months, Total Fee = $____,	
D9110	PALLIATIVE TREATMENT	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Description of condition/treatment from clinical notes.	Send any applicable xrays/photos if done.
D9944-9946	OCCLUSAL GUARDS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Diagnosis = Bruxism. Patient awakes with jaw pain. Occlusal guard necessary to prevent effects of clenching. Diagnosis = Periodontitis. This patient has undergone active periodontal therapy/surgery. Occlusal guard necessary to prevent periodontal mobility.	If for periodontitis, include perio chart, periodontal class, xrays (FMX, Pan or BWX).