

## Quick Reference Guide for Required Attachments

TESTS AND LABORATORY EXAMINATIONS		
Procedure Code	Description	Supporting Documentation
D0415	Collection of microorganisms for culture and sensitivity.	Brief narrative and a copy of the pathology report
D0425	Caries susceptibility tests	Copy of susceptibility test report
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	Pathology report
RESTORATIVE/PROSTHODONTICS		
Procedure Range	Description	Radiograph and/or Supporting Documentation
D2510 – D2664	Inlays/Onlays restorations	Pre-operative periapical or bitewing radiograph, rationale and date of prior placement. For endodontically treated teeth – periapical radiograph
D2710 – D2794	Crowns – single restorations	Pre-operative periapical or bitewing radiograph, rationale date of prior placement. For endodontically treated teeth – periapical radiograph
D2960 – D2962	Labial veneers	Periapical radiograph, rationale and oral photograph
D2970	Temporary crown (fractured tooth)	Pre-operative periapical or bitewing radiograph, rationale, date of prior placement. For endodontically treated teeth – periapical radiograph
D6010 – D6199	Implants and related services	Panoramic or full mouth series radiographs, Pre-operative periapical or bitewing radiograph, date of extraction, rationale, periodontal charting and history and other missing teeth
D6205 – D6252	Fixed partial denture pontics	Panoramic or full mouth series radiographs, date of extraction, date of prior placement, other missing teeth
D6545 – D6634	Inlays/Onlays fixed partial denture retainers	Pre-operative periapical or bitewing radiograph, rationale and date of prior placement. For endodontically treated teeth – periapical radiograph
D6792	Crowns – fixed partial denture retainers	Pre-operative panoramic or full mouth series radiograph, periapical or bitewing radiograph, and date of prior placement. For endodontically treated teeth – periapical radiograph
D6720 – D6794	Crowns – fixed partial denture retainers	Pre-operative panoramic or full mouth series radiographs, periapical or bitewing radiograph, date of prior placement. For endodontically treated teeth – periapical radiograph
D6985	Pediatric partial denture	A statement of medical necessity
ENDODONTICS		
Procedure Range	Description	Radiograph and/or Supporting Documentation
D3230	Pulpal therapy – anterior	Statement of medical necessity
D3240	Pulpal therapy – posterior	Statement of medical necessity
D3950	Canal Preparation	Statement of medical necessity

SURGERY		
Procedure Range	Description	Radiograph and/or Supporting Documentation
D7261	Primary closure of a sinus perforation	Statement of medical necessity
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Statement of medical necessity
D7285	Biopsy of oral tissue	Pathology report
D7286	Biopsy of oral tissue – soft (all others)	Pathology report
D7288	Brush biopsy - transepithelial sample collection	Pathology report
D7410 – D7461	Surgical excision of lesions	Pathology report
D7471 – D7485	Excision of bone tissue	Pathology report
D7953	Bone replacement graft for ridge preservation - per site	Statement of medical necessity
D7972	Surgical reduction of fibrous tuberosity	Pathology report

PERIODONTICS				
Procedure Code	Description	Radiograph	Periodontal Charting	Supporting Documentation
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Yes	Yes	
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Yes	Yes	

## Other Requirements

The following describes circumstances under which the identified attachment is required for submission with the claim.

- A referral or consultant treatment plan may be required for support of specialty services.
- An explanation of benefits statement from a primary payer to CareFirst, if CareFirst is secondary.
- A description of the procedure or service, which may include the medical record, if a procedure or service has no corresponding Current Dental Terminology (CDT) code.
- Anesthesia records documenting the time spent on the service.
- Appeals – Submit all of the original required documentation and include any additional information necessary in support of the appeal.
- Information related to a retrospective review, an audit, if a pattern of fraud, improper billing, or coding is demonstrated.
  - Itemized bills
  - Dental models
  - Radiographs
  - Photographs
  - Diagnostic test results

When enclosing the appropriate attachments with the claim form, please remember to properly label the attachment with the patient's name, date, provider name and address and ensure the radiographs are of diagnostic quality.