

To support timely claim processing and strengthen transparency and communication, please review the following guidelines. These guidelines outline information that may be needed to help facilitate claim approval, particularly for certain procedures or clinical scenarios. While these requirements are not new, this guidance is intended to provide additional clarity around documentation expectations.

Procedure	Required Documentation
Onlays & Crowns (D2500-2799)	• Clinical notes • Date of any prior crown history • Pre-operative radiograph (within 1 year) • IOP (Intra-oral photograph) (recommended, not required)
Buildups (D2950, 2952-2954)	• Clinical notes • Pre-operative radiograph (within 1 year) • IOP (recommended, not required)
Endodontic Procedures (D3000 series)	• Clinical notes • Pre-operative PA (within 1 year) • Post-operative PA (date of service)
Periodontal procedures (D4000 series) *D4910 only requires past treatment history dates (scaling and root planing/periodontal surgery)	• Clinical notes • Full periodontal charting • Images showing bone levels in the area for which the code is submitted (within 1 year) ◦ e.g., 4341 submitted for UR: radiographs showing the bone levels of UR teeth.
Surgical Extractions (D7210) & Impactions (D7220-7241)	• Clinical notes • Pre-operative PA or panorex (within 1 year for D7210, within 3 years for D7220-7241)
Orthodontics (D8000 series)	• Clinical notes/Treatment plan • Total treatment fee, total number of treatment months, and a copy of the signed financial agreement • Panorex • Complete set of intra- and extraoral orthodontic photographs.

*When in doubt, submit clinical notes, full periodontal charting, and radiographs.

*IOPs are a **significant** help but not required.

***If a patient has multiple forms of insurance coverage, the primary carrier information must be submitted.**