



Utilization review guidelines

Capital Blue Cross Dental's Utilization Review (UR) Guidelines explain the criteria that we use to adjudicate pre-treatments estimates, pre-authorization requests and/or claims. The guidelines were formulated based on generally accepted dental standards and information gathered from practicing dentists, dental schools, insurance companies, as well as other dental related organizations.

This document is divided into two sections: general review guidelines and guidelines for specific procedure codes. Specific documentation that is needed to make a determination on coverage is listed as part of the UR guidelines also.

Please remember that while a procedure may be listed in the UR guidelines, a specific plan may not cover all procedures. **It is important that you refer to the member's plan documentation in order to verify which benefits are covered.** You may also consult our provider portal or contact our customer service line.

General review guidelines

1. Narratives

- All narratives must include the patient's signs and symptoms that support the proposed treatment (e.g., sensitivity to hot/cold/percussion).
- Include a narrative when necessary to support procedure or service, even if it is not required specifically by the UR guidelines (e.g., child will not cooperate; crack that is not visible on X-ray).

2. Radiographs

- Radiographs will not be returned. Only submit duplicate radiographs.
- All radiographs should be labeled and must be of diagnostic quality. Periapical films must include the apex of the tooth/teeth. All X-rays for crowns/bridges must show the apex of the tooth/teeth.
- Bitewing X-rays are not acceptable for crown/bridge procedures.
- All submitted radiographs must be the correct type of X-ray for the submitted procedure.
- All X-rays must indicate right (R) or left (L).
- Post-operative periapical X-rays of completed root canal treatments will be required when a core build-up, post and core, and/or crown are placed.
- While Capital Blue Cross covers periapical radiographs, we do so on the basis that the radiographs are necessary for diagnostic purposes. Our position remains consistent with the American Dental Association's (ADA) Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure.
- Absent specific clinical indications as documented in the patient record Capital Blue Cross considers the routine exposure of periapical radiographs to be unnecessary and not allowed.

3. Date of placement

When a crown/bridge is replaced, please make sure to include the date of ORIGINAL crown/bridge placement with the claim.

4. Periodontal charting

Charting must include six point probings for scaling and root planing and other surgeries. Recession and the amount of gingiva for grafting procedures must be charted.

5. Periodontal maintenance

Patient history of periodontal surgery within the previous 24 months must be documented to support the benefit of D4910.

6. Pre-determination or pre-treatment estimate

If the charge for treatment is expected to exceed \$300, Capital Blue Cross strongly advises the treating dentist to submit a treatment plan prior to initiating services. Capital Blue Cross may request X-rays, periodontal charting or other dental records, prior to issuing the pre-determination. The proposed services will be reviewed and a pre-determination will be issued to the Member or dentist, specifying coverage. The pre-determination is not a guarantee of coverage and is considered valid for 180 days.

7. Coordination of benefits

Copy of the primary plan's Explanation of Payment (EOP) must be attached to the claim form if Capital Blue Cross is the secondary payer, for coordination of benefits purposes. Capital Blue Cross is always considered secondary to the member's hospital, medical/surgical or major medical plan for the extraction of wisdom teeth.

8. Unbundled procedures

If Capital Blue Cross determines that submitted services were unbundled, they will be rebundled to the appropriate code contracted amount.

9. Alternate benefits

If Capital Blue Cross determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and the alternate treatment will produce a professionally satisfactory result, then the maximum Capital Blue Cross will allow will be the charge for the less expensive treatment.

10. Payment for orthodontic treatment

Please refer to orthodontic payment guidelines in the provider portal.

11. Medically necessary orthodontic treatment

Please refer to guidelines for medically necessary orthodontic treatment, published in Capital Blue Cross' provider portal.

12. Supporting documentation

Refer to the guidelines for specific procedure codes regarding submission and supporting documentation requirements.

Diagnostic and preventive: D0100 – D1999

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D0220	Intraoral – periapical first film		Tooth
D0230	Intraoral – periapical each additional film		Tooth
D0240	Intraoral – occlusal film		Tooth
D0426	Collection, preparation, and analysis of saliva sample – point of care		
D1510	Space maintainer – fixed – unilateral – per quadrant		Tooth
D1520	Space maintainer – removable – unilateral – per quadrant		Tooth
D1551	Re-cement or re-bond bilateral space maintainer – maxillary		Tooth
D1552	Re-cement or re-bond bilateral space maintainer – mandibular		Tooth
D1553	Re-cement or re-bond bilateral space maintainer – per quadrant		Tooth
D1556	Removal of fixed unilateral space maintainer – per quadrant		Tooth
D1557	Removal of fixed bilateral space maintainer – maxillary		Tooth
D1558	Removal of fixed bilateral space maintainer – mandibular		Tooth

Restorative: D2000 – D2999

Inlay and onlay: D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664

Documentation requirements

Periapical radiograph exposed within the last 12 months.

Clinical requirements

1. Will not be covered when:
 - A more conservative restoration can adequately restore the tooth.
 - Treatment is provided for cosmetic purposes, due to an existing large restoration, due to signs of stress fracture or craze lines, absent patient symptoms.
 - There is untreated bone loss.
 - The tooth has poor prognosis from a restorative, endodontic, or periodontal perspective.
 - There is a pathology or unresolved, incomplete, or failed endodontic therapy.
 - Services are meant to treat temporomandibular joint dysfunction.
2. Inlays/Onlays and crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, or periodontal, orthodontic, or other types of splinting are not covered.

Crowns: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2960, D2961, D2962, D2970, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999

Documentation requirements – original or replacement

1. Pre-operative periapical radiograph exposed within the last 12 months. Post-operative periapical X-rays of completed root canal treatments will be required when a core build-up, post and core, and/or crown are placed.
2. Narrative if the radiograph does not clearly indicate the necessity of a crown. Narratives are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations.
3. Photos may be helpful, but they do not replace the required radiograph.
4. Replacement – date of original placement.

Clinical requirements

Crowns for teeth with cracked tooth syndrome must include clinical notes documenting the following:

1. The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
2. Any conservative treatments attempted to make the tooth asymptomatic.
3. Thermal sensitivity and sensitivity to occlusal load that ceases when pressure is withdrawn.
4. If fracture line is present, it should be probable with explorer tip.

Crowns, veneers, core build-ups, and post and cores will not be benefitted when:

1. There is untreated periodontal disease.
2. The tooth has poor prognosis from a restorative, endodontic, or periodontal perspective.
3. There is unresolved periapical pathology or unresolved, incomplete, or failed endodontic therapy.
4. Services are meant to treat temporomandibular joint dysfunction.

Crowns will not be covered when:

1. A more conservative restoration will adequately restore the tooth to form and function.
2. When treatment is provided due to an asymptomatic existing large restoration, due to craze lines, absent patient symptoms.

Crowns are not benefitted for cosmetic or preventative purposes.

Crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, corrosion, TMD or for periodontal, orthodontic, or other splinting are not covered.

Other resortative services: D2950, D2952, D2953, D2954, D2955, D2957

Core buildup: D2950 – When an existing crown is being replaced, the necessity of a buildup cannot be determined until supporting documentation is provided after the existing crown is removed. A pre-treatment determination can be made regarding the crown with a periapical radiograph and narrative.

Benefits are allowed for a core build-up in conjunction with a crown, onlay, or bridge abutment only when necessary for retention of the final restoration and preservation of the tooth. Build-ups are not benefited if the tooth does not meet the clinical criteria for these services.

Documentation requirements

1. Diagnostic quality periapical radiograph within the last 12 months.
2. Photo – if necessary; does not replace the required radiograph.
3. Narrative – if necessary, in addition to the required radiograph.

Clinical requirements

1. Benefits are allowed for a core buildup in conjunction with crown, onlay or bridge abutment only when necessary or essential for retention of the final restoration and preservation of the tooth.
2. Build-ups performed in conjunction with inlays and $\frac{3}{4}$ crowns are non-covered.
3. Root canals performed on an anterior tooth and the endodontic access is minimal the tooth does not qualify for a build-up.

Posterior composite fillings: D2391, D2392, D2393, D2394

Payment for composite resin restorations on posterior teeth will be based on the corresponding amount for an amalgam restoration. The patient will be responsible for any difference in the allowed amounts of the two procedures.

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D2140	Amalgam – one surface, primary or permanent		Tooth and surface
D2150	Amalgam – two surfaces, primary or permanent		Tooth and surface
D2160	Amalgam – three surfaces, primary or permanent		Tooth and surface
D2161	Amalgam – four or more surfaces, primary or permanent		Tooth and surface
D2330	Resin-based composite – one surface, anterior		Tooth and surface
D2331	Resin-based composite – two surfaces, anterior		Tooth and surface
D2332	Resin-based composite – three surfaces, anterior		Tooth and surface
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)		Tooth and surface
D2390	Resin-based composite crown, anterior		Tooth and surface
D2391	Resin-based composite – one surface, posterior		Tooth and surface
D2392	Resin-based composite – two surfaces, posterior		Tooth and surface
D2393	Resin-based composite – three surfaces, posterior		Tooth and surface
D2394	Resin-based composite – four or more surfaces, posterior		Tooth and surface
D2510	Inlay – metallic – one surface	Recent pre-treatment periapical X-ray	Tooth and surface
D2520	Inlay – metallic – two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2530	Inlay – metallic – three or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2542	Onlay – metallic – two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2543	Onlay – metallic – three surfaces	Recent pre-treatment periapical X-ray	Tooth and surface

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D2544	Onlay – metallic – four or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2610	Inlay – porcelain/ceramic – one surface	Recent pre-treatment periapical X-ray	Tooth and surface
D2620	Inlay – porcelain/ceramic two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2630	Inlay – porcelain/ceramic – three or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2642	Onlay – porcelain/ceramic – two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2643	Onlay – porcelain/ceramic – three surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2644	Onlay – porcelain/ceramic – four or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2650	Inlay – resin-based composite – one surface	Recent pre-treatment periapical X-ray	Tooth and surface
D2651	Inlay – resin-based composite – two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2652	Inlay – resin-based composite – three or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2662	Onlay – resin-based composite – two surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2663	Onlay – resin-based composite – three surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2664	Onlay – resin-based composite – four or more surfaces	Recent pre-treatment periapical X-ray	Tooth and surface
D2710	Crown – resin-based composite (indirect)	Recent pre-treatment periapical X-ray	Tooth
D2712	Crown – ¾ resin-based composite (indirect)	Recent pre-treatment periapical X-ray	Tooth
D2720	Crown – resin with high noble metal	Recent pre-treatment periapical X-ray	Tooth
D2721	Crown – resin with predominantly base metal	Recent pre-treatment periapical X-ray	Tooth
D2722	Crown – resin with noble metal	Recent pre-treatment periapical X-ray	Tooth
D2740	Crown – porcelain/ceramic	Recent pre-treatment periapical X-ray	Tooth
D2750	Crown – porcelain fused to high noble metal	Recent pre-treatment periapical X-ray	Tooth
D2751	Crown – porcelain fused to predominantly base metal	Recent pre-treatment periapical X-ray	Tooth
D2752	Crown – porcelain fused to noble metal	Recent pre-treatment periapical X-ray	Tooth
D2780	Crown – ¾ cast high noble metal	Recent pre-treatment periapical X-ray	Tooth
D2781	Crown – ¾ cast predominantly base metal	Recent pre-treatment periapical X-ray	Tooth
D2782	Crown – ¾ cast noble metal	Recent pre-treatment periapical X-ray	Tooth

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D2783	Crown – ¾ porcelain/ceramic	Recent pre-treatment periapical X-ray	Tooth
D2790	Crown – full cast high noble metal	Recent pre-treatment periapical X-ray	Tooth
D2791	Crown – full cast predominantly base metal	Recent pre-treatment periapical X-ray	Tooth
D2792	Crown – full cast noble metal	Recent pre-treatment periapical X-ray	Tooth
D2794	Crown – titanium and titanium alloys	Recent pre-treatment periapical X-ray	
D2799	Provisional crown	Recent pre-treatment periapical X-ray	
D2920	Re-cement crown		Tooth
D2940	Protective restoration		Tooth
D2950	Core buildup, including any pins	Recent pre-treatment periapical X-ray	Tooth
D2952	Post and core in addition to crown, indirectly fabricated	Recent pre-treatment periapical X-ray	Tooth
D2953	Each additional indirectly fabricated post – same tooth	Recent pre-treatment periapical X-ray	Tooth
D2954	Prefabricated post and core in addition to crown	Recent pre-treatment periapical X-ray	Tooth
D2955	Post removal (not in conjunction with endodontic therapy)	Recent pre-treatment periapical X-ray	Tooth
D2957	Each additional prefabricated post – same tooth	Recent pre-treatment periapical X-ray	Tooth
D2960	Labial veneer (resin laminate) – chairside	Recent pre-treatment periapical X-ray	Tooth
D2961	Labial veneer (resin laminate) – laboratory	Recent pre-treatment periapical X-ray	Tooth
D2962	Labial veneer (porcelain laminate) – laboratory	Recent pre-treatment periapical X-ray	Tooth
D2970	Temporary crown (fractured tooth)	Recent pre-treatment periapical X-ray, narrative	Tooth
D2971	Additional procedures to construct new crown under existing partial denture framework	Recent pre-treatment periapical X-ray	Tooth
D2975	Coping	Recent pre-treatment periapical X-ray	Tooth
D2980	Crown repair, by report	Recent pre-treatment periapical X-ray, narrative	Tooth
D2999	Unspecified restorative procedure, by report	Recent pre-treatment periapical X-ray, narrative	Tooth

Endodontics: D3000 – D3999

Root canal therapy: The following procedures cannot be billed as a separate charge to a participant when performed in conjunction with root canal therapy on the same tooth.

1. D0220 / D0230 – Initial radiograph allowed for diagnostic purposes, working films are integral to the root canal.
2. D0460 – Pulp vitality test.
3. D2940 – Sedative filling, integral to the root canal.
4. D3120 – Pulp cap – indirect.
5. D3220 – Pulpotomy, when root canal is performed by the same provider or office.
6. D3221 – Pulpal debridement.
7. D3910 – Surgical procedure for isolation of tooth with rubber dam.
8. D3950 – Canal preparation.
9. D9110 – Palliative treatment, considered integral to the root canal when performed on the same date of service as the root canal.

Clinical requirements

1. Benefit is based on the completion date/final fill, not the date that treatment is initiated.
2. Benefits will not be provided when canals are inadequately or incompletely filled.
3. Endodontic therapy will not be covered when:
 - There is untreated bone loss.
 - The tooth has poor prognosis from a restorative or periodontal perspective (e.g., severe bone loss or furcation involvement).

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D3120	Pulp cap – indirect (excluding final restoration)		Tooth
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		Tooth
D3221	Pulpal debridement, primary and permanent teeth		Tooth
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		Tooth
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Recent pre-treatment X-ray – periapical or bitewing	Tooth
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Recent pre-treatment X-ray – periapical or bitewing	Tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		Tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		Tooth
D3330	Endodontic therapy, molar tooth (excluding final restoration)		Tooth
D3331	Treatment of root canal obstruction; non-surgical access	Recent pre-treatment periapical X-ray	Tooth
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Recent pre-treatment periapical X-ray, narrative	Tooth
D3333	Internal root repair of perforation defects	Recent pre-treatment periapical X-ray	Tooth
D3346	Retreatment of previous root canal therapy – anterior	Recent pre-treatment periapical X-ray, post-treatment periapical X-ray	Tooth

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D3347	Retreatment of previous root canal therapy – premolar	Recent pre-treatment periapical X-ray, post-treatment periapical X-ray	Tooth
D3348	Retreatment of previous root canal therapy – molar	Recent pre-treatment periapical X-ray, post-treatment periapical X-ray	Tooth
D3351	Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth
D3352	Apexification/recalcification/pulpal regeneration – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		Tooth
D3354	Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration		Tooth
D3410	Apicoectomy/periradicular surgery – anterior		Tooth
D3421	Apicoectomy/periradicular surgery – premolar (first root)		Tooth
D3425	Apicoectomy/periradicular surgery – molar (first root)		Tooth
D3426	Apicoectomy/periradicular surgery (each additional root)		Tooth
D3430	Retrograde filling – per root		Tooth
D3450	Root amputation – per root		Tooth
D3999	Unspecified endodontic procedure, by report	Narrative	

Periodontics: D4000 – D4999

Clinical requirements

D4212, gingivectomy, is allowed in conjunction with restorative procedures, including direct restorations, crowns, bridge retainers, when due to fracture tooth structure at or below the gum line or due to gingival overgrowth. A gingivectomy is benefited for a restorative procedure. A photo, periodontal charting is required.

- To qualify for gingival flap procedure, including root planning (D4240, D4241) gingival pockets must be present as moderately deep (greater than 4mm) with loss of attachment.
- Full mouth debridement (D4355) is benefited in order to do a proper evaluation and diagnosis if the dentist is unable to accomplish an effective prophylaxis under normal conditions.
- Crown lengthening will not be covered when:
 - The tooth is not restorable.
 - The tooth presents with bone loss requiring periodontal treatment such as scaling and root planing osseous surgery, or gingival grafting procedures.

Osseous surgery/bone grafting: D4260, D4261, D4263, D4264, D4265, D4266, D4267

Documentation requirements

1. Six-point periodontal probings.
2. Radiographs demonstrating bone loss.
3. Narrative – if necessary.

Clinical requirements

1. Diagnosis of periodontitis is made.
2. Active periodontal disease is present.
3. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support.
4. Bone loss is evident radiographically.
5. Periodontal probings are greater than 4 mm.

Scaling and root planing: D4341, D4342

Clinical requirements

1. Diagnosis of periodontitis is made; a comprehensive periodontal evaluation, comprehensive oral evaluation, or periodic oral evaluation must be documented within the past year.
2. Active periodontal disease is present.
3. Bone loss is evident radiographically.
4. Periodontal probings are greater than 4 mm.
5. No more than two (2) full quadrants (D4341) on the same date of service will be benefitted.
6. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support.

Documentation requirements

1. Six-point periodontal probings.
2. Radiographs demonstrating bone loss.

If fewer than four teeth per quadrant have periodontal probings of greater than 4mm and radiographic bone loss, the benefits will be based on the allowance for D4342.

Benefits will not be recommended when advanced bone loss and mobility is present.

Localized delivery of antimicrobial agent: D4381

By definition, D4381 is per tooth.

Benefits require a thirty (30) day healing period after D4341 or D4342.

Periodontal maintenance: D4910

Patient must have history of perio surgery within the previous 24 months. D4240, D4241, D4341, D4342, D4260, D4261, D4263, D4264.

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting and narrative describing condition of the tissue	Quad
D4211	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting and narrative describing condition of the tissue	Tooth
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure	Film of treatment area, current periodontal charting and narrative describing condition of the tissue	Tooth
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontal charting and recent full arch/full mouth radiograph	
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Periodontal charting and recent full arch/full mouth radiograph	

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Quad
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area and current periodontal charting	Tooth
D4245	Apically positioned flap	Film of treatment area	
D4249	Clinical crown lengthening – hard tissue	Recent pre-operative periapical X-ray and narrative	Tooth
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area	Quad
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area	Quad
D4263	Bone replacement graft – first site in quadrant	Film of treatment area	Tooth
D4264	Bone replacement graft – each additional site in quadrant	Film of treatment area	Tooth
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Periodontal charting, recent full arch/full mouth radiograph	Quad
D4266	Guided tissue regeneration – resorbable barrier, per site	Periodontal charting, recent full arch/full mouth radiograph	Tooth
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	Periodontal charting, recent full arch/full mouth radiograph	Tooth
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure	Periodontal charting	
D4273	Subepithelial connective tissue graft procedures, per tooth	Periodontal charting	Tooth
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Periodontal charting	Tooth
D4275	Soft tissue allograft	Periodontal charting	
D4276	Combined connective tissue and pedicle graft, per tooth	Periodontal charting	
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position graft	Periodontal charting	
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	Periodontal charting	
D4322	Splint – intra-coronal; natural teeth or prosthetic crown	Periodontal charting, recent full arch/full mouth radiograph	Tooth
D4323	Splint – extra-coronal; natural teeth or prosthetic crown	Periodontal charting, recent full arch/full mouth radiograph	Tooth
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Periodontal charting, recent full arch/full mouth radiograph	Quad
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Periodontal charting, recent full arch/full mouth radiograph	Quad
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Recent full arch/full mouth radiograph	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Periodontal charting, recent full arch/full mouth radiograph	Tooth
D4910	Periodontal maintenance		

Prosthodontics (removable): D5000 – D5899

For the below procedures it is strongly recommended to verify eligibility when creating a treatment plan. Additionally, it is recommended to obtain a pre-treatment estimate for the below services.

Recent pre-treatment X-ray of full arch(es) and date of extraction(s): D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5810, D5811, D5820, D5821

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D5110	Complete denture – maxillary	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5120	Complete denture – mandibular	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5130	Immediate denture – maxillary	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5140	Immediate denture – mandibular	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5640	Replace broken teeth – per tooth		Tooth
D5650	Add tooth to existing partial denture		Tooth
D5810	Interim complete denture (maxillary)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5811	Interim complete denture (mandibular)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5820	Interim partial denture (maxillary)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D5821	Interim partial denture (mandibular)	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	

Implant services: D6000 – D6199

For implant services it is strongly recommended to verify eligibility before treatment. This will assist in determining benefits for implant services covered under the dental plan.

Documentation requirements

1. Full arch pre-implant placement radiographs.
2. Radiographs of the implant placement to determine restorative/prosthetic benefits.

Clinical requirements

1. Benefits are based on least costly treatment to replace a missing tooth with consideration of the condition of adjacent teeth. All active periodontal disease in the patient's oral cavity must have been treated and be under control.
2. Benefits are for replacement of missing natural teeth. Implants done to restore a space beyond the natural complement of natural teeth are not covered.
3. Pre-determination submitted for an implant, abutment and crown are only approved for the implant, if the previous criteria are met. The abutment and crown are reviewed after the implant is placed and a film is submitted.

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Recent radiograph	
D6056	Prefabricated abutment – includes modification and placement	Recent pre-treatment and post treatment (periapical) radiographs	Tooth
D6057	Custom fabricated abutment – includes placement	Recent pre-treatment and post treatment (periapical) radiographs	Tooth
D6058	Abutment supported porcelain/ceramic crown	Recent pre-treatment and post treatment (periapical) radiographs	Tooth
D6104	Bone graft at time of implant placement	Recent pre-treatment and post treatment (periapical) radiographs	Tooth
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Recent pre-treatment (periapical) radiographs	Tooth
D6193	Replacement of an implant screw	Narrative	

Prosthodontics (fixed): D6200 – D6999

For prosthodontics it is strongly recommended to verify eligibility before treatment. This will assist in determining to what extent these services are covered under the dental plan.

Clinical requirements

1. If there are multiple missing teeth in an arch a benefit will be allowed for a partial denture.
2. Benefits will be denied if the abutment tooth for a partial denture has a poor restorative, periodontal, or endodontic prognosis.

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D6205	Pontic – indirect resin based composite	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6210	Pontic – cast high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6211	Pontic – cast predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D6212	Pontic – cast noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6214	Pontic – titanium and titanium alloys	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6240	Pontic – porcelain fused to high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6241	Pontic – porcelain fused to predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6242	Pontic – porcelain fused to noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6245	Pontic – porcelain/ceramic	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6250	Pontic – resin with high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6251	Pontic – resin with predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6252	Pontic – resin with noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6253	Provisional pontic	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	Radiograph	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6600	Inlay – porcelain/ceramic, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6601	Inlay – porcelain/ceramic, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6602	Inlay – cast high noble metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6603	Inlay – cast high noble metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6604	Inlay – cast predominantly base metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6605	Inlay – cast predominantly base metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6606	Inlay – cast noble metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6607	Inlay – cast noble metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6608	Onlay – porcelain/ceramic, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6609	Onlay – porcelain/ceramic, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6610	Onlay – cast high noble metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6611	Onlay – cast high noble metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6612	Onlay – cast predominantly base metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D6613	Onlay – cast predominantly base metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6614	Onlay – cast noble metal, two surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6615	Onlay – cast noble metal, three or more surfaces	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6624	Inlay – titanium	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6634	Onlay – titanium	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6710	Crown – indirect resin based composite	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6720	Crown – resin with high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6721	Crown – resin with predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6722	Crown – resin with noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6740	Crown – porcelain/ceramic	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6750	Crown – porcelain fused to high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6751	Crown – porcelain fused to predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6752	Crown – porcelain fused to noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6780	Crown – ¾ cast high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6781	Crown – ¾ cast predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6782	Crown – ¾ cast noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6783	Crown – ¾ porcelain/ceramic	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6790	Crown – full cast high noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6791	Crown – full cast predominantly base metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6792	Crown – full cast noble metal	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6793	Provisional retainer crown	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6794	Crown – titanium and titanium alloys	Recent pre-treatment X-ray of full arch(es), date of extraction(s)	
D6980	Fixed partial denture repair, by report	Recent pre-treatment periapical X-ray	Tooth
D6985	Pediatric partial denture, fixed	Recent pre-treatment periapical X-ray	
D6999	Unspecified fixed prosthodontic procedure, by report	Recent pre-treatment periapical X-ray, narrative	

Oral and maxillofacial surgery: D7000 – D7999

Wisdom tooth extraction

Capital Blue Cross Dental will always be the secondary carrier for services and treatment in which the member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.

Please submit a copy of primary carrier's EOP when submitting a claim for the extraction of wisdom teeth.

Documentation requirements

1. Pre-operative radiograph is required.
2. Narrative should be included if radiograph does not support the use of the code.

Clinical requirements

1. Benefits will be determined based on review of the pre-operative radiograph, narrative and operative report that supports the use of the CDT code submitted.

CDT	DESCRIPTION ®	DOCUMENTATION	AREA
D7111	Extraction, coronal remnants – primary tooth		Tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		Tooth
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7220	Removal of impacted tooth – soft tissue	Recent pre-treatment periapical X-ray or panoramic radiograph	
D7230	Removal of impacted tooth – partially bony	Recent pre-treatment periapical X-ray or panoramic radiograph	
D7240	Removal of impacted tooth – completely bony	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Recent pre-treatment periapical X-ray or panoramic radiograph	
D7250	Surgical removal of residual tooth roots (cutting procedure)	Recent pre-treatment periapical X-ray or panoramic radiograph	
D7251	Coronectomy – intentional partial tooth removal	Recent pre-treatment periapical X-ray or panoramic radiograph	
D7252	Partial extraction for immediate implant placement	Periapical x-ray or panoramic radiograph	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7280	Surgical access of an unerupted tooth	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7283	Placement of device to facilitate eruption of impacted tooth	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth
D7285	Biopsy of oral tissue – hard (bone, tooth)		Tooth
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Recent pre-treatment periapical X-ray or panoramic radiograph	Quad
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Recent pre-treatment periapical X-ray or panoramic radiograph	Quad
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		Tooth

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		Tooth
D7953	Bone replacement graft for ridge preservation – per site	Recent pre-treatment periapical X-ray or panoramic radiograph	Tooth

Orthodontics: D8000 – D8999

Documentation requirements

1. Intraoral photos.
2. Panoramic/cephalometric radiograph.
3. Surgical treatment plan.

Clinical requirements

1. Patient must first have comprehensive orthodontic treatment prior to orthognathic surgery. Benefits will be based on the review of the submitted pre-treatment documentation that supports the use of D8091.

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D8070	Comprehensive orthodontic treatment of the transition dentition	Panoramic/ Cephalometric Radiographs; intraoral photos	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Panoramic/ Cephalometric Radiographs; intraoral photos	
D8090	Comprehensive orthodontic treatment of the adult dentition	Panoramic/ Cephalometric Radiographs; intraoral photos	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Panoramic/ Cephalometric Radiographs; intraoral photos	
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Panoramic/ Cephalometric Radiographs; intraoral photos	

Adjunctive general services: D9000 – D9999

Anesthesia

Documentation requirements

1. Narrative to support treatment of services.

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Narrative	
D9222	Deep sedation/general anesthesia – first 15 minutes		
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway – each		

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		
D9244	In-office administration of minimal sedation – single drug – enteral		
D9245	Administration of moderate sedation – enteral		
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		

Occlusal guards

Clinical requirements

Occlusal guards will be benefitted for the following:

- Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations.
- To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations.

Occlusal guards will not be covered for the following:

- As an appliance intended for orthodontic tooth movement.
- For treatment of temporomandibular disorders or myofascial pain dysfunction.

Documentation requirements

1. Narrative to support treatment of service.

CDT	DESCRIPTION ©	DOCUMENTATION	AREA
D9936	Cleaning and inspection of occlusal guard – per appliance	Narrative	
D9942	Repair and/or relines of occlusal guard	Narrative	
D9943	Occlusal guard adjustment	Narrative	
D9944	Occlusal guard – hard appliance, full arch	Narrative	
D9945	Occlusal guard – soft appliance, full arch	Narrative	
D9946	Occlusal guard – hard appliance, partial arch	Narrative	

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Abstract

The American Academy of Periodontology offers the following Guidelines for Periodontal Therapy. These guidelines are intended to fulfill the Academy's obligations to the public and to the dental profession. This paper sets forth the clinical objectives and scope of periodontal therapy. These guidelines are designed to give guidance to state legislatures and agencies that regulate the practice of periodontology and should be considered in their entirety. J Periodontol 2001;72:1624-1628

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Class I: Marginal tissue Recession does not extend to the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of Recession can be narrow or wide.

Class II: Marginal tissue Recession extends to or beyond the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of Recession can be subclassified into wide and narrow.

Class III: Marginal tissue Recession extends to or beyond the mucogingival junction. There is bone and soft tissue loss interdentally or malpositioning of the tooth.

Class IV: Marginal tissue Recession extends to or beyond the mucogingival junction. There is severe bone and soft tissue loss interdentally or severe tooth malposition.

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First Published: 21 June 2018

Diabetes Mellitus and Periodontal Diseases Brian L. Mealey, Thomas W. Oates Journal of Periodontology First Published: 01 August 2006

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Periodontal maintenance is an integral part of periodontal therapy for patients with a history of inflammatory periodontal diseases. Patients should be informed of the disease process, therapeutic alternatives, potential complications, expected results, and their responsibility in treatment. Consequences of no treatment should be explained. Failure to comply with a periodontal maintenance program may result in recurrence or progression of the disease process. Given this information, patients should then be able to make informed decisions regarding their periodontal therapy. J Periodontol 2000;71:849-850.

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