

Reference Guide for Required Attachments

Tests and Laboratory Examinations				
Procedure Code or Range	Description	Supporting Documentation Requirements		
D0415	Collection of microorganisms for culture and sensitivity.	Brief narrative and a copy of the pathology report		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Pathology report		

Restorative Services				
Procedure Code or Range	Description	Supporting Documentation Requirements		
D2510—D2664	Inlays/Onlays restorations	Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph		
D2710—D2794	Crowns—single restorations	Pre-operative periapical radiograph, rationale, date of prior placement. For endodontically treated teeth—post-operative periapical radiograph		
D2950	Core Buildup, including pins	Pre-operative periapical radiograph, rationale, date of prior placement. For endodontically treated teeth—post-operative periapical radiograph		
D2952—D2954	Post and Core	Periapical radiograph showing completed root canal		
D2960—D2962	Labial veneers	Periapical radiograph, rationale and oral photograph		

Endodontics				
Procedure Code or Range	Description	Supporting Documentation Requirements		
D3230	Pulpal therapy—anterior	Statement of medical necessity, periapical radiograph		
D3240	Pulpal therapy—posterior	Statement of medical necessity, periapical radiograph		
D3428	Bone graft in conjunction with periradicular surgery—per tooth, single site	Pre-operative periapical or bitewing radiograph, rationale, date of prior placement. For endodontically treated teeth—post-operative periapical radiograph		
D3429	Bone graft in conjunction with periradicular surgery—each additional contiguous tooth in the same surgical site	Pre-operative periapical or bitewing radiograph, rationale, date of prior placement. For endodontically treated teeth—post-operative periapical radiograph		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Periapical radiograph, rationale for use and history of root canal therapy		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Periapical radiograph and history of root canal therapy		
D3950	Canal Preparation	Statement of medical necessity		

Periodontics				
Procedure Code or Range	Description	Radiograph	Periodontal Charting	Other Supporting Documentation
D4240—D4241	Gingival flap procedure	Full-mouth	Yes	
D4260-D4264	Osseous surgery/grfts	Full-mouth	Yes	Prior history pre-surgical prep

Periodontics				
Procedure Code or Range	Description	Radiograph	Periodontal Charting	Other Supporting Documentation
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Periapical		Statement of medical necessity for biologic material (specify material name and type), digital photograph
D4266 – D4267	Osseous surgery/grafts	Full-mouth	Yes	Prior history pre-surgical prep
D4270—D4285	Tissue grafts	Periapical or bitewing	Yes	Periodontal charting must include measurements of remaining attached gingiva
D4341	Periodontal scaling and root planing—four or more teeth per quadrant	Bitewing	Yes	

Removable Prosthodontics		
Procedure Code or Range	Description	Supporting Documentation Requirements
D5863—D5866	Overdentures	Full-mouth series or panoramic radiographs, post-operative periapical radiograph of implant if implant-supported, date of prior placement, if applicable

Implants and Fixed Prosthodontics		
Procedure Code or Range	Description	Supporting Documentation Requirements
D6010—D6100	Implant procedures	Pre-operative panoramic or full-mouth series radiographs, periapical radiograph, date of extraction, rationale, periodontal charting and history and other missing teeth, rationale for 2nd stage implant surgery, if applicable
D6055—D6057	Supporting structures	Supporting structures panoramic or full-mouth series radiographs, pre- and post-operative periapical radiographs of integrated implant (from the follow-up appointment, not from day of implant placement), date of extraction, rationale, periodontal charting and history, and list of other missing teeth
D6058—D6094, D6097	Single crowns, abutment supported	Single crowns, abutment-supported panoramic or full-mouth series radiographs, pre- and post-operative periapical radiographs of integrated implant (from the follow-up appointment, not from day of implant placement), date of extraction, rationale, periodontal charting and history, and list of other missing teeth
D6065—D6067, D6082- D6084, D6086- D6088	Single crowns, implant supported	Single crowns, implant supported panoramic or full-mouth series radiographs, pre- and post-operative periapical radiographs of integrated implant (from the follow-up appointment, not from day of implant placement), date of extraction, rationale, periodontal charting and history, and list of other missing teeth
D6068—D6195	Fixed partial denture, abutment supported	Fixed partial denture, abutment supported panoramic or full-mouth series radiographs, pre- and post-operative periapical radiographs of integrated implant (from the follow-up appointment, not from day of implant placement), date of extraction, rationale, periodontal charting and history, and list of other missing teeth
D6075—D6077, D6098, D6099, D6120- D6123	Fixed partial denture, implant supported	Fixed partial denture, implant-supported panoramic or full-mouth series radiographs, pre- and post-operative periapical radiographs of integrated implant (from the follow-up appointment, not from day of implant placement), date of extraction, rationale, periodontal charting and history, and list of other missing teeth
D6090 and D6199	Other implant services	Panoramic or full-mouth series radiographs, pre and post-operative periapical radiographs, date of extraction, rationale, periodontal charting and history, and other missing teeth

Implants and Fixed Prosthodontics

Procedure Code or Range	Description	Supporting Documentation Requirements
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces	Pre-operative periapical radiograph, periodontal charting
D6102	Debridement and osseous contouring of a periimplant defect	Pre-operative periapical radiograph, periodontal charting
D6103	Bone graft for repair of periimplant defect	Pre-operative periapical radiograph, periodontal charting
D6104	Bone graft at time of implant placement	Pre-operative periapical radiograph, rationale
D6110—D6117	Implant abutment supporting dentures	Pre-operative periapical or bitewing radiograph, rationale and date of prior placement. For endodontically treated teeth periapical radiograph
D6205—D6252	Fixed partial denture pontics	Panoramic or full-mouth series radiographs, date of extraction, date of prior placement, other missing teeth
D6545—D6794	Inlays/onlays fixed partial denture retainers	Pre-operative periapical or bitewing radiograph, rationale and date of prior placement. For endodontically treated teeth—periapical radiograph
D6710—D6792	Crowns—fixed partial denture retainers	Pre-operative panoramic or full-mouth series radiographs, pre-operative periapical radiograph, date of prior placement. For endodontically treated teeth—periapical radiograph
D6985	Pediatric partial denture	Statement of medical necessity

Oral Surgery

Procedure Code or Range	Description	Supporting Documentation Requirements
D7260	Oroantral fistula closure	Statement of medical necessity
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, periapical radiograph or other appropriate radiograph image
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, statement of medical necessity
D7950	Osseous, osteoperiosteal or cartilage graft	Panoramic or full-mouth series radiographs, periapical radiograph(s) is/are acceptable if they show complete site, statement of medical necessity and rationale
D7951	Sinus augmentation	Panoramic or full-mouth series radiograph, date of extraction, statement of medical necessity, and other missing teeth
D7952	Sinus augmentation via a vertical approach	Panoramic or full-mouth series radiograph, date of extraction, statement of medical necessity, and other missing teeth
D7953	Bone replacement graft for ridge preservation—per site	Statement of medical necessity, periapical radiograph
D7961—D7963	Frenuloplasty	Statement of medical necessity, rationale, referral letter from physician requesting frenuloplasty if child is younger than 3 years of age
D7972	Surgical reduction of fibrous tuberosity	Statement of medical necessity

Orthodontics			
Procedure Code or Range	Description	Radiograph and/or Supporting Documentation	
		CareFirst Dental Contracts	Affordable Care Act (ACA) Dental Contracts Only
D8070—D8090	Comprehensive orthodontic treatment	Not required	Panoramic and cephalometric radiographs, photographs of study models with centric bite registration and State mandated assessment form— all to be submitted digitally

Adjunctive General Services				
Procedure Code or Range	Description	Radiograph	Periodontal Charting	Other Supporting Documentation
D9120	Fixed partial denture sectioning	Panoramic radiographs or full-mouth series	No	Rationale or statement of medical necessity, tooth to be extracted or retained
Procedure Code or Range	Description	Radiograph and/or Supporting Documentation		
		CareFirst Dental Contracts	Affordable Care Act (ACA) Dental Contracts Only	
D9951—D9952	Occlusal adjustments	Not required	Full-mouth series or panoramic radiographs, occlusal analysis, perio charting and history, and (for non-ACA policies) a letter of medical necessity	

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, include the original claim number and any additional information in support of the appeal.
- Information related to a review and/or 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 current and of diagnostic quality. Digital images preferred.

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