

Dental Claim Attachment Needs by Category

Dental Codes/Treatment	Xray	Perio charting	Narrative	Comments
Periodontal				
4210-4321	If site specific	Yes	Yes	
4341-4342-4355	PANO or FMX	Yes	4355 - yes	
4910	No	Yes	Dates of SRP if available	
4381 –Arestin	YES – PA	Yes	Yes	
Desentizing Medicament	No	Yes	Yes	Must detail if provided in house and to full mouth (quad or specific tooth #) and what was used
Restorative				
2510-2794	PRE OP xray	No	Yes	Dates of initial if replacement
2950-2952	PRE OP xray	No	Yes	
4 surface fillings	PRE OP xray	No	Yes	
Endodontics				
3310-3399	PRE OP & POST OP	No	Yes	Detailing symptoms
Prosthodontics				
5110-5281 5810-5821	FMX or PANO	No	Yes	Dates of initial if replacement
5850-5821	FMX or PANO	No	Yes	
IMPLANT SERVICES				
6190-6100 6058-6077 6090-6095	PRE OP & POST OP xrays	No	Yes	Dates of initial if replacement
6053-6079	PANO or FMX	No	Yes	Dates of initial if replacement
Prosthetics Fixed Services				

Performance Interview Planning Checklist

6205-6795	PRE OP xray	No	Yes	Dates of initial if replacement
Oral Surgery Services				
7111-7250	PRE OP xray and/or PANO if wisdom teeth	No	Yes	

**Please note – for cracked tooth syndromes – you MUST have a narrative detailing how the cracked tooth was diagnosed – what instruments were used – patient symptoms.

Also – for limited exams – detail the reason/necessity for the exam and MUST have a PA.

Ortho – need initial placement dates/xrays/pictures/length of treatment.

Remember, the MORE you send the better. Goal is to touch each claim only once.