

Delta Dental of New Jersey Required Documentation Chart

If there is an extenuating circumstance not evident from the documentation listed below, a narrative and any available corroborating diagnostics must be submitted. As part of the re-review process Delta Dental may require documentation (e.g., office records, billing ledger, narrative, radiographs, photographs, etc. in addition to that listed in this chart.

All radiographic images are pretreatment unless otherwise indicated. Any radiographic image submitted must be of diagnostic quality and substantiate the need and appropriateness of the service submitted for predetermination or payment. In order to do so, the dentist may need to submit radiographic images in addition to those listed in this chart.

Submission Requirements - Radiographic Images

Whenever a participating dentist submits a claim that includes any combination of intraoral radiographic images whose combined fee equals or is greater than a complete series (D0210), the fee allowed will be limited to that of a complete series. Also, a panoramic radiographic image submitted together with supplemental radiographic images will be handled in the same manner.

If a participating or non-participating dentist submits eight or more intraoral radiographic images and/or a panoramic radiographic image with supplemental bitewings or periapical radiographic images, the dentist must submit a brief narrative as to the reason for taking the radiographic images and also identify the tooth numbers of the periapical radiographic images if the radiographic images are not part of a complete series or are not intended to function as a complete series. Delta Dental will consider that supplemental information in determining whether the radiographic images will be subject to the limitations for individual radiographic images rather than for a complete series.

All procedures listed on this chart are not necessarily covered benefits, and all benefits are not necessarily listed.

Unless otherwise noted:

Yes = Documentation Required

Blank = Documentation Not Required

PA = Periapical Radiographic Image (may require more than one for diagnostic purposes)

FMX = Full Mouth Series

Pano = Panorex

DDNJ = Delta Dental of New Jersey

In addition to the requirements listed below, Delta Dental may request any diagnostic materials, reports, and/or office records (including patient's office records, billing ledger/statement, radiographs and/or photographs, periodontal charting, laboratory receipt, narrative, etc.) at any time.

Medical EOB Requirements

Medical plans may cover some dental procedures, such as oral surgery. This chart indicates if a procedure requires a medical EOB for processing. If a Medical EOB is required for an oral surgery procedure on a claim, a medical EOB is also required for related exams, x-rays and anesthesia.

Some groups have elected Delta Dental as the primary plan for oral surgery. A list of these groups is available on the Delta Dental of New Jersey website and is updated on a regular basis. A medical EOB is not required for the groups on the list.

ICD-10 codes: The documentation requirements specified in the following table remain in force even if an ICD-10 code is submitted with a claim or a prior authorization.

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D0140	Limited oral evaluation-problem focused			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative if within 21 days of surgical procedure and Office records (on appeal)
D0160	Detailed and extensive oral evaluation - problem focused, by report			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative if within 21 days of surgical procedure and Office records (on appeal)
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative if within 21 days of surgical procedure and Office records (on appeal)
D0220-D0277	Intraoral radiographic images-8 or more PAs with or without any other intraoral radiographic image of any type			Yes, if in conjunction with another procedure that requires a Med EOB	If not part of or intended to function as a complete series, submit with tooth numbers for each image and diagnostic purpose for taking the various images
D0330 + D0220-D0277	Panoramic radiographic images + intraoral radiographic images of any type			Yes, if in conjunction with another procedure that requires a Med EOB	If not part of or intended to function as a complete series, submit with tooth numbers for each image and diagnostic purpose for taking the various images
D0364-D0395	Cone beam CT capture and image interpretations and post processing			Yes, if in conjunction with another procedure that requires a Med EOB	If not part of or intended to function as a complete series, submit with tooth numbers for each image and diagnostic purpose for taking the various images
D0411	HbA1c in-office point of service testing	Yes-Appropriate full mouth series and/or bitewings of diagnostic quality	Yes		The following may be required: -Clinical progress notes and/or a narrative that document specific risk factors for diabetes, and that the patient has not previously been diagnosed with diabetes or prediabetes. -Full mouth radiographs -Bitewing radiographs -Perio Charting
D0414-D0431	Tests and examinations			Yes	Lab report of test performed
D0472-D0502	Oral pathology laboratory			Yes	Pathology report
D0999	Unspecified diagnostic procedure, by report				Narrative

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D1999	Unspecified preventive procedure, by report				Narrative
D2140- D2161, D2330- D2335, D2391- D2394D2799 , D6200- D6999	Restorative procedures Direct Restorations Fixed prosthodontics	Yes			-Narrative and radiographs if the procedure is performed due to attrition, erosion, abrasion (wear), abfraction, corrosion, or for periodontal, orthodontic, or other splinting. -Pre-operative PA's or bitewings of diagnostic quality that supports the diagnosis and recommended treatment may be required.
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	PA			
D2390	Resin-based composite crown, anterior	PA			
D2510- D2794	Inlays, onlays and crowns	PA			Photographs (optional) Narrative (optional) Models (optional)
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	PA			Narrative
D2931- D2933	Stainless steel crowns Prefabricated resin crown	PA If permanent tooth			
D2950	Core buildup, including any pins when required	PA			
D2952- D2953	Cast post and core in addition to crown and each additional cast post - same tooth	PA			
D2954 & D2957	Prefabricated post and core in addition to crown and each additional prefabricated post - same tooth	PA			
D2960- D2962	Labial veneers	PA			Pre-operative photos as necessary
D2970	Temporary crown (fractured tooth)	PA DDNJ Requirement			Narrative
D2971	Additional procedures to construct new crown under existing partial denture framework				Narrative
D2975	Coping	PA			
D2980	Crown repair necessitated by restorative material failure				Narrative
D2981	Inlay repair necessitated by restorative material failure				Narrative
D2982	Only repair necessitated by restorative material failure				Narrative
D2983	Veneer repair necessitated by restorative material failure				Narrative

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D2999	Unspecified restorative procedure, by report				Narrative
D3110	Pulp cap - direct (excluding final restoration)	PA			Operative notes (on appeal)
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.				Narrative (if permanent tooth)
D3222	Partial pulpotomy for apexogenesis -permanent tooth with incomplete root development	PA			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	PA			
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	PA			
D3331	Treatment of root canal obstruction; non-surgical access	PA			Narrative
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth				Narrative
D3333	Internal root repair of perforation defects	PA			Narrative
D3346	Retreatment of previous root canal therapy - anterior	PA both pre- and post-operative x-rays			
D3347	Retreatment of previous root canal therapy - bicuspid	PA both pre- and post-operative x-rays			
D3348	Retreatment of previous root canal therapy - molar	PA both pre- and post-operative x-rays			
D3999	Unspecified endodontic procedure, by report				Narrative
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		Yes	Yes, for the following groups ONLY: Toms River BOE (#07166)	Narrative if more than two quadrants performed on same day. Indicate if it is or is not being used for implant
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		Yes	Yes, for the following groups ONLY: Toms River BOE (#07166)	Narrative if more than two quadrants performed on same day. Indicate if it is or is not being used for implant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Bitewings	Yes		Narrative
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	PA			Narrative
D4231	Anatomical crown exposure - one to three teeth per quadrant	PA			Narrative

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Appropriate radiographs of the affected area taken within 36 months	Yes		Narrative if more than two quadrants performed on same day. Indicate if it is or is not being used for implant
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Appropriate radiographs of the affected area taken within 36 months	Yes		Narrative if more than two quadrants performed on same day. Indicate if it is or is not being used for implant
D4245	Apically positioned flap		Yes		Narrative if implants are being performed
D4249	Clinical crown lengthening - hard tissue	PA			
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	PA and/or FMX and/or Pano	Yes		Narrative if more than 2 quadrants performed on same day
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	PA and/or FMX and/or Pano	Yes		Narrative if more than 2 quadrants performed on same day
D4263-D4264	Bone replacement grafts-retained natural tooth	PA	Yes		Narrative which must indicate if it is or is not being used for implants
D4265	Biologic materials to aid in soft and osseous tissue regeneration	PA	Yes	Yes, if in conjunction with D7955	Narrative which must indicate if it is or is not being used for implants and include type of material used
D4266-D4267	Guided tissue regeneration - per site	PA	Yes		Narrative which must indicate if it is or is not being used for implants
D4268	Surgical revision procedure, per tooth	PA	Yes		Narrative which must indicate if it is or is not being used for implants
D4270	Soft tissue graft procedures		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4274	Mesial/distal or proximal wedge procedure, single tooth		Yes		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D4276	Combined connective tissue and double pedicle graft, per tooth		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4277	Free soft tissue graft procedure (including recipient and donor surgical site), first tooth, implant, or edentulous tooth position in graft		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4278	Free soft tissue graft procedure (including recipient and donor surgical site), each additional contiguous tooth, implant, or edentulous tooth position in same graft site		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4283	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4285	Non-autogenous connective tissue graft (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		Yes		Narrative description of condition; specify amount of attached gingiva, and indicate if it is or is not being used for implants
D4320- D4321	Provisional splinting	PA	Yes		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Appropriate radiographs of the affected area taken within 36 months	Yes		When more than two quadrants of scaling and root planing are performed on the same day: -A copy of relevant patient treatment notes must be provided. -A narrative which includes information related to the amount of time the patient was scheduled. -A copy of the appointment schedule which documents the length of the appointment (optional).
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Appropriate radiographs of the affected area taken within 36 months	Yes		A copy of relevant patient treatment notes must be provided.

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluations		Yes		
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	PA DDNJ Requirement	Yes Post-scaling and root planing and prior to D4381 placement		
D4910	Periodontal maintenance procedures		Yes, if third prophy		
D4999	Unspecified periodontal procedure, by report				Narrative
D5810- D5821	Interim partial dentures				Narrative
D5863	Overdenture - complete maxillary				Narrative
D5864	Overdenture - partial maxillary				Narrative
D5865	Overdenture - complete mandibular				Narrative
D5866	Overdenture - partial mandibular				Narrative
D5862	Precision attachment, by report				Narrative
D5899	Unspecified removable prosthodontic procedure, by report				Narrative
D5999	Unspecified maxillofacial prosthesis by report				Narrative
D6010- D6050	Implant Services	PA, and/or FMX, and/or Pano			6010 PA 6040 Pano 6050 Pano
D6013	Surgical placement of mini implant	PA, and/or FMX, and/or Pano			
D6051	Interim abutment	PA			Narrative
D6096	Remove broken implant retaining screw	PA			
D6110- D6117, D6118, D6119, D6094, D6194	Implant Supported Prosthetics	PA, and/or FMX, and/or Pano			PAs must show adjacent teeth
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	PA and/or FMX and/or Pano	Yes		
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	PA and/or FMX and/or Pano	Yes		

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D6103	Bone graft for repair of periimplant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	PA	Yes		
D6104	Bone graft at time of implant placement	PA		Yes	
D6080, D6081, D6085, D6090-D6095, D6100, D6190, D6199	Other Implant Services	For code D6199: Appropriate radiographs of the affected area(s) taken within 36 months			Narrative
D6205-D6252	Fixed partial denture pontics	PA, and/or FMX, and/or Pano			Identify all missing teeth in both arches. Use tooth chart if available on claim form
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	PA, and/or FMX, and/or Pano			Identify all missing teeth in both arches. Use tooth chart if available on claim form and narrative
D6545-D6792, D6794	Fixed partial denture retainers - inlays/onlays and crowns	PA, and/or FMX, and/or Pano			Identify all missing teeth in both arches. Use tooth chart if available on claim form
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	PA, and/or FMX, and/or Pano			Identify all missing teeth in both arches. Use tooth chart if available on claim form and narrative
D6980	Fixed partial denture repair necessitated by restorative material failure				Narrative
D6999	Unspecified, fixed prosthodontic procedure, by report				Narrative
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	PA and/or Pano		Yes, for the following groups ONLY: Hartford Hospital (#04590)	A narrative must be provided that supports the need for surgical removal if the radiograph(s) provided for the tooth/teeth in question do not demonstrate radiographic gross decay, fracture, endodontic treatment, large existing restoration, or anatomic variation.
D7220	Removal of impacted tooth - soft tissue	PA and/or Pano		Yes, for the following groups ONLY: Capital Health (#03121) Hartford Hospital (#04590)	
D7230	Removal of impacted tooth - partially bony	PA and/or Pano		Yes	

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D7240	Removal of impacted tooth - completely bony	PA and/or Pano		Yes	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	PA and/or Pano		Yes	Narrative
D7250	Removal of residual tooth roots (cutting procedure)	PA and/or Pano		Yes, for the following groups ONLY: Hartford Hospital (#04590)	Narrative
D7251	Coronectomy - intentional partial tooth removal	PA and/or Pano			Narrative and Operative Report
D7260	Oroantral fistula closure			Yes	Narrative
D7261	Primary closure of a sinus perforation	PA		Yes	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	PA and/or Pano		Yes	
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	PA and/or Pano			
D7280	Exposure of an unerupted tooth	PA			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	PA			
D7283	Placement of a device to facilitate the eruption of impacted tooth	PA			
D7285- D7286	Biopsy of oral tissue			Yes	Pathology Report
D7287	Cytology sample collection			Yes	Narrative and Pathology Report
D7288	Brush biopsy - transepithelial sample collection				Narrative and Pathology Report
D7290	Surgical repositioning of teeth	PA			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report				Narrative
D7295	Harvest of bone for use in autogenous grafting procedures	PA and/or Pano			Narrative and Operative Report
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	PA and/or Pano			Narrative
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)				Narrative
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)			Yes	Operative Report and Narrative (if PTE)
D7410- D7461	Surgical excision of soft tissue and intra-osseous lesions			Yes	Pathology Report

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D7465	Destruction of lesion(s) by physical or chemical method, by report			Yes	Narrative
D7490	Radical resection of mandible with bone graft			Yes	Operative Report including Pathology Report and Narrative (if PTE)
D7510-D7511	Incision and drainage of abscess Intraoral - soft tissue				Narrative
D7520-D7521	Incision and drainage of abscess Extraoral - soft tissue			Yes	Narrative
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue			Yes	Operative Report and Narrative (if PTE)
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system				Operative Report and Narrative (if PTE)
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			Yes	Operative Report and Narrative (if PTE)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			Yes	Operative Report and Narrative (if PTE)
D7610-D7680	Treatment of fractures - simple			Yes	Operative Report and Narrative (if PTE)
D7710-D7780	Treatment of fractures - compound			Yes	Operative Report and Narrative (if PTE)
D7810-D7877	Reduction of dislocation and management of other TMD dysfunctions			Yes	Operative Report and Narrative (if PTE)
D7880	Occlusal orthotic device				Narrative
D7899	Unspecified TMD therapy			Yes, if a surgical procedure	Narrative
D7910	Suture of recent small wounds up to 5 cm			Yes	Narrative
D7911-D7912	Complicated suturing			Yes	Narrative
D7920-D7949	Other repair procedures			Yes	Narrative
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous	PA		Yes	Narrative indicating if the procedure is or is not being done in conjunction with implants
D7951	Sinus augmentation with bone or bone substitutes via a lateral approach	PA			Narrative indicating if the procedure is or is not being done in conjunction with implants
D7952	Sinus augmentation via a vertical approach	PA			Narrative indicating if the procedure is or is not being done in conjunction with implants
D7953	Bone replacement graft for ridge preservation	PA			Narrative indicating if the procedure is or is not being done in conjunction with implants
D7955	Repair of maxillofacial soft and/or hard tissue defect	PA		Yes	Narrative indicating if the procedure is or is not being done in conjunction with implants

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D7960, D7963	<u>Frenulectomy</u> -also known as frenectomy or frenotomy- separate procedure not incidental to another procedure. <u>Frenuloplasty</u> - separate procedure not incidental to another procedure.				-Narrative may be required. -Photographs and/or documentation of clinical necessity from the referring physician may be required.
D7970	Excision of hyperplastic tissue - per arch		Yes, if natural teeth and/or implants are involved in surgery		Narrative
D7971	Excision of pericoronal gingiva				Narrative
D7980- D7999	Other repair procedures			Yes	Narrative
D8010- D8040	Limited orthodontic treatment				The following information must be provided on the claim form or via narrative: Treatment time, total case fee, initial fee, retention fee. Use narrative to notify DDNJ if treatment is longer or shorter than anticipated.
D8050- D8060	Interceptive orthodontic treatment				The following information must be provided on the claim form or via narrative: Treatment time, total case fee, initial fee, retention fee. Use narrative to notify DDNJ if treatment is longer or shorter than anticipated. Narrative
D8070- D8090	Comprehensive orthodontic treatment				
D8210- D8220	Minor treatment to control harmful habits				
D8660	Pre-orthodontic treatment visit				
D8670	Periodic orthodontic treatment visit (as part of contract)				
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))				
D8690	Orthodontic treatment (alternative billing to a contract fee)				
D8691	Repair of orthodontic appliance				
D8692	Replacement of lost or broken retainer				Narrative
D8693	Rebonding or recementing of fixed retainers				Narrative
D8694	Repair of fixed retainers, includes reattachment				Narrative
D8999	Unspecified orthodontic procedure, by report				Narrative
D9110	Palliative (emergency) treatment of dental pain - minor procedure				Narrative
D9120	Fixed partial denture sectioning	PA			Narrative

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D9222	Deep sedation/general anesthesia – first 15 minutes			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative and Anesthesia Record if > 1 hr start time/stop time
D9223	Deep sedation/general anesthesia-each 15 minute increment			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative and Anesthesia Record if > 1 hr start time/stop time
D9243	Intravenous moderate conscious sedation/analgesia-each 15 minute increment			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative and Anesthesia Record if > 1 hr start time/stop time
D9310	Consultation			Yes, if in conjunction with another procedure that requires a Med EOB	
D9311	Consultation with medical health care professional				Narrative
D9450	Case presentation, detailed and extensive treatment planning				Narrative
D9610	Therapeutic parenteral drug, single administration				Narrative
D9612 D9613	Therapeutic parenteral drugs, two or more administrations, different medications				Narrative
D9630	Drugs or medicaments dispensed in the office for home use, by report				Narrative
D9920	Behavior management, by report				Narrative
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report			Yes, if in conjunction with another procedure that requires a Med EOB	Narrative
D9940- D9946	Occlusal guard, by report				Narrative
D9952	Occlusal adjustment - complete				Narrative
D9991	dental case management-addressing appointment compliance barriers				Narrative
D9992	dental case management-care coordination				Narrative
D9993	dental case management-motivational interviewing				Narrative

ADA CDT-2019	Description	Radiographic Image(s)	Perio Chart	Medical EOB	Other
D9994	dental case management- patient education to improve oral health literacy				Narrative
D9999	Unspecified adjunctive procedure, by report				Narrative