

# Possibly Covered Dental Codes.

Some dental claim codes are “possibly” covered based on patient need. Review this list for possibly covered codes, their descriptions, and the information Select Health needs to make a determination.

Code	Description	Reason for review	Information needed
D0999	Unspecified diagnostic procedure, by report	Unlisted code review	Narrative
D1354	Application of caries arresting medicament- per tooth	Quantity per year	Internal review
D1355	Caries preventive medicament application – per tooth	Quantity per year	Internal review
D1999	Unspecified preventive procedure, by report	Unlisted code review	Narrative. Effective 10/1/22- review is required. If the claim form or electronic notes state d1999 is for ppe code is not payable.
D2335	Resin-based composite-four or more surfaces (anterior)	Review for necessity	X-ray
D2390	Resin-based composite crown, anterior	Review anterior crowns for cosmetic	X-ray
D2520	Inlay-metallic-two surfaces	Review if billed with a primary tooth	X-ray
D2530	Inlay-metallic-three or more surfaces	Review if billed with a primary tooth	X-ray
D2542	Onlay-metallic-two surfaces	Review if billed with a primary tooth	X-ray
D2543	Onlay-metallic-three surfaces	Review if billed with a primary tooth	X-ray
D2544	Onlay-metallic-four or more surfaces	Review if billed with a primary tooth	X-ray
D2610	Inlay-porcelain/ceramic-one surface	Review if billed with a primary tooth	X-ray
D2620	Inlay-porcelain/ceramic- two surfaces	Review if billed with a primary tooth	X-ray
D2630	Inlay-porcelain/ceramic-three or more surfaces	Review if billed with a primary tooth	X-ray
D2642	Onlay-porcelain/ceramic-two surfaces	Review if billed with a primary tooth	X-ray
D2643	Onlay—porcelain/ceramic-three surfaces	Review if billed with a primary tooth	X-ray
D2644	Onlay-porcelain/ceramic-four or more surfaces	Review if billed with a primary tooth	X-ray
D2650	Inlay-resin based composite-one surface	Review if billed with a primary tooth	X-ray
D2651	Inlay-resin based composite- two surfaces	Review if billed with a primary tooth	X-ray
D2652	Inlay-resin based composite- three or more surfaces	Review if billed with a primary tooth	X-ray

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D2662	Onlay-resin based composite- two surfaces	Review if billed with a primary tooth	X-ray
D2663	Onlay-resin based composite- three surfaces	Review if billed with a primary tooth	X-ray
D2664	Onlay-resin based composite-four or more surfaces	Review if billed with a primary tooth	X-ray
D2710	Crown – resin based composite (indirect)	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth crowns for cosmetic.	X-ray
D2712	Crown – ¾ resin-based composite (indirect)	Review if billed with a primary tooth.	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic.	X-ray
D2720	Crown-resin with high noble metal	Review if billed with a primary tooth.	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic.	X-ray
D2721	Crown-resin with predominantly base metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2722	Crown-resin with noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2740	Crown-porcelain/ceramic substrate	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2750	Crown-porcelain fused to high noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2751	Crown-porcelain fused to predominantly base metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D2752	Crown-porcelain fused to noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2753	Crown-porcelain fused to titanium and titanium alloys	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2780	Crown - 3/4 cast high noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2781	Crown - 3/4 cast predominantly base metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2782	Crown - 3/4 cast noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2783	Crown - 3/4 porcelain/ceramic	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth anterior crowns for cosmetic	X-ray
D2790	Crown-full cast high noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
D2791	Crown-full cast predominantly base metal	Review if billed with a primary tooth	X-ray and/or chart notes
D2792	Crown-full cast noble metal	Review if billed with a primary tooth	X-ray and/or chart notes
D2794	Crown-titanium	Review if billed with a primary tooth	X-ray and/or chart notes
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	Review if billed with a primary tooth	X-ray and/or chart notes
D2915	Recement or re-bond indirectly fabricated or prefabricated post and	Review if billed with a primary tooth	X-ray and/or chart notes
D2920	Re-cement or re-bond crown	Review if billed with a primary tooth	X-ray and/or chart notes
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	For teeth #5-#12, #22-#27	X-ray and/or chart notes
D2949	Placement of restorative material to yield a more ideal form, including	Review if billed with a primary tooth	X-ray and/or chart notes

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D2950	Core build up, including any pins when required	Review if billed with a primary or permanent tooth	X-ray and/or chart notes
D2951	Pin retention- per tooth, in addition to restoration	Review if billed with a primary tooth	X-ray and/or chart notes
D2952	Post and core in addition to crown, indirectly fabricated	Review if billed with a primary tooth	X-ray and/or chart notes
D2953	Each additional indirectly fabricated post-same tooth	Review if billed with a primary tooth	X-ray and/or chart notes
D2954	Prefabricated post and core in addition to crown	Review if billed with a primary tooth	X-ray and/or chart notes
D2955	Post removal	Review if billed with a primary tooth	X-ray and/or chart notes
D2957	Each additional prefabricated post-same tooth	Review if billed with a primary tooth	X-ray and/or chart notes
D2960	Labial veneer (resin laminate)-direct	Review if billed with a primary tooth	X-ray
		Review permanent tooth for cosmetic	X-ray
D2961	Labial veneer (resin laminate) – indirect	Review if billed with a primary tooth	X-ray
		Review permanent tooth for cosmetic	X-ray
D2962	Labial veneer (porcelain laminate) – indirect	Review if billed with a primary tooth	X-ray
		Review for cosmetic	X-ray
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Review if billed with a primary tooth	X-ray and/or chart notes
		Review permanent tooth for necessity	Chart notes
D2975	Coping	Review if billed with a primary tooth	X-ray and/or chart notes
D2980	Crown repair, necessitated by restorative material failure	Review if billed with a primary tooth	X-ray and/or narrative
		Review permanent tooth for necessity	Narrative
D2981	Inlay repair necessitated by restorative material failure	Review if billed with a primary tooth	X-ray and/or narrative
		Review permanent tooth for necessity	Narrative

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D2982	Onlay repair necessitated by restorative material failure	Review if billed with a primary tooth number	X-ray and/or narrative
		Review permanent tooth for necessity	Narrative
D2983	Veneer repair necessitated by restorative material failure	Review if billed with a primary tooth	X-ray and/or narrative
		Review permanent tooth for necessity	Narrative
D2999	Unspecified restorative procedure, by report	Review if billed with a primary tooth	X-ray and/or narrative
		Unlisted code review	Narrative
D3331	Treatment of root canal obstruction; non-surgical access	Review for necessity	X-ray with endodontic file in
D3431	Biologic materials to aid in soft and osseous tissue regeneration in	Review for necessity	Narrative
D3999	Unspecified endodontic procedure, by report	Unlisted code review	Narrative
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Review for necessity	Perio charting
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Review for necessity	Perio charting
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per	Review for necessity	Pend to DNRV
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per	Review for necessity	Perio charting
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Review for necessity	Perio charting
D4245	Apically positioned flap	Review for necessity	Perio charting
D4249	Clinical crown lengthening – hard tissue	Review for necessity	X-rays and chard notes
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth	Review for necessity	Perio charting
D4261	Osseous surgery (including elevation of a full thickness flap and closure) –	Review for necessity	Perio charting

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D4263	Bone replacement graft –retained natural tooth- first site in quadrant	Review for necessity	Perio charting
D4264	Bone replacement graft – retained natural tooth - each additional site in	Review for necessity	Perio charting
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Review for necessity	Narrative
D4266	Guided tissue regeneration – natural teeth - resorbable barrier, per site	Review for necessity	Chart notes
D4267	Guided tissue regeneration – natural teeth - nonresorbable barrier, per site	Review for necessity	Chart notes
D4268	Surgical revision procedure, per tooth	Review for necessity	Perio charting
D4270	Pedicle soft tissue graft procedure	Review for necessity	Perio charting
D4273	Autogenous connective tissue graft procedure, (including donor and	Review for necessity	Perio charting
D4274	Mesial/distal wedge procedure, single tooth (when not performed in	Review for necessity	Perio charting
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Review for necessity	Perio charting
D4276	Combined connective tissue and pedicle graft, per tooth	Review for necessity	Perio charting
D4283	Autogenous connective tissue graft procedure (including donor	Review for necessity	Perio charting
D4285	Non-autogenous connective tissue graft procedure (including recipient	Review for necessity	Perio charting
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Review for necessity	Perio charting
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	Review for necessity	Perio charting
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Review for necessity	Perio charting
D4999	Unspecified periodontal procedure, by report	Unlisted code review	Narrative
D5820	Interim partial denture (including retentive/clasping materials, rests and	Review for necessity	Pend to DNRV
D5821	Interim partial denture (including retentive/clasping materials, rest and	Review for necessity	Pend to DNRV

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D5899	Unspecified removable prosthodontic procedure, by report	Unlisted code review	Narrative
D6010	Surgical placement of implant body: edosteal implant	Review for necessity	X-ray
D6011	Surgical access to an implant body (second stage implant surgery)	Review for necessity	X-ray, chart notes
D6012	Surgical placement of interim implant body for transitional prosthesis:	Review for necessity	X-ray
D6040	Surgical placement: eposteal implant	Review for necessity	X-ray
D6050	Surgical placement: transosteal implant	Review for necessity	X-ray
D6051	Interim implant abutment placement	Review for necessity	Narrative
D6080	Implant maintenance procedures, when prostheses are removed and	Payable only with 4 or more implants	Chart notes
D6081	Scaling and debridement in the presence of inflammation or mucositis	Review for necessity	Chart notes or x-ray
D6090	Repair implant supported prosthesis, by report	Review for necessity	Chart notes
D6095	Repair implant abutment, by report	Review for necessity	Chart notes
D6100	Surgical removal of implant body	Review for necessity	X-ray
D6101	Debridement of a peri-implant defect or defects surrounding a single	Review for limitation	Send to DNRV
D6102	Debridement and osseous contouring of peri-implant defect or defects	Review for limitation	Send to DNRV
D6103	Bone graft for repair of peri-implant defect- does not include flap entry and	Review for limitation	Send to DNRV
D6105	Removal of implant body not requiring bone removal nor flap elevation	Review for necessity	Send to DNRV
D6106	Guided tissue regeneration- resorbable barrier, per implant	Review for necessity	Chart notes
D6107	Guided tissue regeneration- non-resorbable barrier, per implant	Review for necessity	Chart notes
D6199	Unspecified implant procedure, by report	Unlisted code review	Narrative
D6240	Pontic – porcelain fused to high noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6241	Pontic – porcelain fused to predominantly base metal	Review procedure on anterior teeth for cosmetic	X-ray
D6242	Pontic – porcelain fused to noble metal	Review procedure on anterior teeth for cosmetic	X-ray

# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D6243	Pontic-porcelain fused to titanium and titanium alloys	Review procedure on anterior teeth for cosmetic	X-ray
D6245	Pontic – porcelain/ceramic	Review procedure on anterior teeth for cosmetic	X-ray
D6250	Pontic – resin with high noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6251	Pontic – resin with predominantly base metal	Review procedure on anterior teeth for cosmetic	X-ray
D6252	Pontic – resin with noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6710	Retainer crown – indirect resin based composite	Review procedure on anterior teeth for cosmetic	X-ray
D6720	Retainer crown - resin with high noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6721	Retainer crown – resin with predominantly base metal	Review procedure on anterior teeth for cosmetic	X-ray
D6722	Retainer crown – resin with noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6740	Retainer crown – porcelain/ceramic	Review procedure on anterior teeth for cosmetic	X-ray
D6750	Retainer crown – porcelain fused to high noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6751	Retainer crown – porcelain fused to predominantly base metal	Review procedure on anterior teeth for cosmetic	X-ray
D6752	Retainer crown – porcelain fused to noble metal	Review procedure on anterior teeth for cosmetic	X-ray
D6753	Retainer crown-porcelain fused to titanium and titanium alloys	Review procedure on anterior teeth for cosmetic	X-ray
D6783	Retainer crown-3/4 porcelain/ceramic	Review procedure on anterior teeth for cosmetic	X-ray
D6784	Retainer crown 3/4 – titanium and titanium alloys	Review procedure on anterior teeth for cosmetic	X-ray
D6999	Unspecified fixed prosthodontic procedure, by report	Unlisted code review	Narrative
D7910	Suture of recent small wounds up to 5 cm	Review for necessity	Internal review
D7911	Complicated suture- up to 5cm	Review for necessity	Internal review
D7912	Complicated suture- greater than 5cm	Review for necessity	Internal review



# Possibly Covered Dental Codes. (continued)

Code	Description	Reason for review	Information needed
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous by report	Review for necessity	Internal review
D7956	Guided tissue regeneration, edentulous area- resorbable barrier, per site	Review for necessity	Chart notes
D7957	Guided tissue regeneration, edentulous area- non-resorbable barrier, per site	Review for necessity	Chart notes
D7921	Collection and application of autologous blood concentrate product	Review for necessity	Chart notes
D7999	Unspecified oral surgery procedure, by report	Unlisted code review	Narrative
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Can be reported twice. Review for upper and lower retainers were removed or made.	Chart notes
D8999	Unspecified orthodontic procedure by report	Unlisted code review	Narrative
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Review for limitation	Send to DNRV
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Unlisted code review	Chart notes
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Review for necessity	Chart notes
D9999	Unspecified adjunctive procedure, by report	Unlisted code review	Narrative. Effective 10/01/2022: