

**DENTAL CODES THAT REQUIRE ADDITIONAL DOCUMENTATION****AS OF: 6/17/2026**

Codes	Description	Information Needed
D0999	Unspecified diagnostic procedure, by report	Narrative
D1999	Unspecified preventive procedure, by report	Narrative
D2335	Resin-based composite - four or more surfaces (anterior)	X-ray
D2390	Resin-based composite crown, anterior	X-ray
D2520	Inlay - metallic - two surfaces	X-ray
D2530	Inlay - metallic - three or more surfaces	X-ray
D2542	Onlay - metallic - two surfaces	X-ray
D2543	Onlay - metallic - three surfaces	X-ray
D2544	Onlay - metallic - four or more surfaces	X-ray
D2610	Inlay - porcelain/ceramic - one surface	X-ray
D2620	Inlay - porcelain/ceramic - two surfaces	X-ray
D2630	Inlay - porcelain/ceramic - three or more surfaces	X-ray
D2642	Onlay - porcelain/ceramic - two surfaces	X-ray
D2643	Onlay - porcelain/ceramic - three surfaces	X-ray
D2644	Onlay - porcelain/ceramic - four or more surfaces	X-ray
D2650	Inlay - resin based composite - one surface	X-ray
D2651	Inlay - resin based composite - two surfaces	X-ray
D2652	Inlay - resin based composite - three or more surfaces	X-ray
D2662	Onlay - resin based composite - two surfaces	X-ray
D2663	Onlay - resin based composite - three surfaces	X-ray
D2664	Onlay - resin based composite - four or more surfaces	X-ray
D2710	Crown - resin based composite (indirect)	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2712	Crown - ¾ resin based composite (indirect)	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2720	Crown - resin with high noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2721	Crown - resin with predominantly base metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2722	Crown - resin with noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2740	Crown - porcelain/ceramic substrate	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2750	Crown - porcelain fused to high noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2751	Crown - porcelain fused to predominantly base metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2752	Crown - porcelain fused to noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2753	Crown - porcelain fused to titanium and titanium alloys	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2780	Crown - ¾ cast high noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray

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Codes	Description	Information Needed
D2781	Crown - ¾ cast predominantly base metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2782	Crown - ¾ cast noble metal	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2783	Crown - ¾ porcelain/ceramic	If reported with a primary tooth: x-ray and/or chart notes If reported for a permanent tooth: x-ray
D2790	Crown - full cast high noble metal	If billed with primary tooth: x-ray and/or chart notes
D2791	Crown - full cast predominantly base metal	If billed with primary tooth: x-ray and/or chart notes
D2792	Crown - full cast noble metal	If billed with primary tooth: x-ray and/or chart notes
D2794	Crown - titanium	If billed with primary tooth: x-ray and/or chart notes
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	If billed with primary tooth: x-ray and/or chart notes
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	If billed with primary tooth: x-ray and/or chart notes
D2920	Re-cement or re-bond crown	If billed with primary tooth: x-ray and/or chart notes
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	If billed with primary tooth: x-ray and/or chart notes
D2949	Placement or restorative material to yield a more ideal form, including elimination of undercuts	If billed with primary tooth: x-ray and/or chart notes
D2950	Core buildup, including any pins when required	X-ray and/or chart notes
D2951	Pin retention per tooth, in addition to restoration	If billed with primary tooth: x-ray and/or chart notes
D2952	Post and core in addition to crown, indirectly fabricated	If billed with primary tooth: x-ray and/or chart notes
D2953	Each additional indirectly fabricated post - same tooth	If billed with primary tooth: x-ray and/or chart notes
D2954	Prefabricated post and core in addition to crown	If billed with primary tooth: x-ray and/or chart notes
D2955	Post removal	If billed with primary tooth: x-ray and/or chart notes
D2957	Each additional prefabricated post - same tooth	If billed with primary tooth: x-ray and/or chart notes
D2960	Labial veneer (resin laminate) - direct	X-ray
D2961	Labial veneer (resin laminate) - indirect	X-ray
D2962	Labial veneer (porcelain laminate) - indirect	X-ray
D2971	Additional procedures to customize a crown to fit under an existing partial dental framework	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2975	Coping	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2980	Crown repair, necessitated by restorative material failure	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2981	Inlay repair necessitated by restorative material failure	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2982	Onlay repair necessitated by restorative material failure	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2983	Veneer repair necessitated by restorative material failure	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D2999	Unspecific restorative procedure, by report	If billed with primary tooth: x-ray and/or narrative If billed with permanent tooth: narrative
D3331	Treatment of root canal obstruction; non-surgical access	X-ray with endodontic file in place indicating the level of blockage and chart notes
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Narrative stating which materials were used
D3999	Unspecified endodontic procedure, by report	Perio charting
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Perio charting

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Codes	Description	Information Needed
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Perio charting
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Perio charting
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Perio charting
D4245	Apically positioned flap	Perio charting
D4249	Clinical crown lengthening - hard tissue	X-ray and chart notes
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Perio charting
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Perio charting
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Perio charting
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Perio charting
D4265	Biological materials to aid in soft and osseous tissue regeneration, per site	Narrative stating which materials were used
D4266	Guided tissue regeneration - natural teeth - resorbable barrier, per site	Chart notes
D4267	Guided tissue regeneration - natural teeth - nonresorbable barrier, per site (includes membrane removal)	Chart notes
D4268	Surgical revision procedure, per tooth	Perio charting
D4270	Pedicle soft tissue graft procedure	Perio charting
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Perio charting
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Perio charting
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant, or edentulous tooth position in graft	Perio charting
D4276	Combined connective tissue and pedicle graft, per tooth	Perio charting
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Perio charting
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Perio charting
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Perio charting
D4342	Periodontal scaling and root planing - one to three teeth teeth per quadrant	Perio charting
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Perio charting
D4999	Unspecified periodontal procedure, by report	Narrative
D5820	Interim partial denture (including retentive/clasping materials, rest, and teeth) maxillary	Narrative that indicates if the tooth was congenitally missing or if it was extracted, as well as how many months the interim partial denture will be in place
D5821	Interim partial denture (including retentive/clasping materials, rest, and teeth) mandibular	Narrative that indicates if the tooth was congenitally missing or if it was extracted, as well as how many months the interim partial denture will be in place
D5899	Unspecified removable prosthodontic procedure, by report	Narrative
D6010	Surgical placement of implant body (endosteal implant)	X-ray
D6011	Surgical access to an implant body (second stage implant surgery)	X-ray and chart notes
D6012	Surgical placement of interim implant body for transitional prosthesis (endosteal implant)	X-ray
D6040	Surgical placement: eposteal implant	X-ray
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	X-ray and chart notes
D6050	Surgical placement: transosteal implant	X-ray

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Codes	Description	Information Needed
D6051	Placement of interim implant abutment	Narrative
D6080	Implant maintenance procedures when a full arch prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	Chart notes
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	X-ray and chart notes
D6090	Repair of implant/abutment supported prosthesis	Chart notes
D6100	Surgical removal of implant body	X-ray
D6101	Debridement of a pre-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	X-ray and chart notes
D6102	Debridement and osseous contouring of peri-implant defect or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces including flap entry and closure	X-ray and chart notes
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	X-ray and chart notes
D6105	Removal of implant body not requiring bone removal nor flap elevation	X-ray and chart notes
D6106	Guided tissue regeneration - resorbable barrier, per implant	Chart notes
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Chart notes
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Chart notes
D6199	Unspecified implant procedure, by report	Narrative
D6240	Pontic - porcelain fused to high noble metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6241	Pontic - porcelain fused to predominantly base metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6242	Pontic - porcelain fused to noble metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6243	Pontic - porcelain fused to titanium and titanium alloys	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6245	Pontic - porcelain/ceramic	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6250	Pontic - resin with high noble metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6251	Pontic - resin with predominantly base metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
D6252	Pontic - resin with noble metal	X-ray and information regarding if this tooth was previously extracted or if it is congenitally missing
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	X-ray and chart notes
D6710	Retainer crown - indirect resin based composite	X-ray
D6720	Retainer crown - resin with high noble metal	X-ray
D6721	Retainer crown - resin with predominantly base metal	X-ray
D6722	Retainer crown - resin with noble metal	X-ray
D6740	Retainer crown - porcelain/ceramic	X-ray
D6750	Retainer crown - porcelain fused to high noble metal	X-ray
D6751	Retainer crown - porcelain fused to predominantly base metal	X-ray
D6752	Retainer crown - porcelain fused to noble metal	X-ray
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	X-ray
D6783	Retainer crown ¾ - porcelain/ceramic	X-ray
D6784	Retainer crown ¾ - titanium and titanium alloys	X-ray
D6999	Unspecified fixed prosthodontic procedure, by report	Narrative
D7921	Collection and application of autologous blood concentrate product	Chart notes
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous by report	Information regarding if this tooth was previously extracted or if it is congenitally missing
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Chart notes
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Chart notes
D7999	Unspecified oral surgery procedure, by report	Narrative
D8999	Unspecified orthodontic procedure by report	Narrative
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Chart notes

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Codes	Description	Information Needed
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Chart notes
D9999	Unspecified adjunctive procedure, by report	Narrative

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