

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., photographs) 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

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-2015 | 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 |
| 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 |
| D1999 | Unspecified preventive procedure, by report | | | | Narrative |
| D2140- D2799, D6200- D6999 | Restorative procedures Fixed prosthodontics | | | | Narrative and radiographs if the procedure is performed due to attrition, erosion, abrasion (wear), abfraction, corrosion, or for periodontal, orthodontic, or other splinting. |
| 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 | | | |

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|------------------|--|--|-------------|-------------|-----------------------------------|
| 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 |
| 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 | | | |

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|-----------------|---|--|-------------|--|--|
| 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 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | | 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 | | 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 |

| ADA CDT-2015 | Description | Radiographic Image(s) | Perio Chart | Medical EOB | Other |
|-----------------|--|-----------------------|-------------|-------------|---|
| 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 |
| 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 | | |

| ADA CDT-2015 | Description | Radiographic Image(s) | Perio Chart | Medical EOB | Other |
|-----------------|---|---|---|-------------|---|
| 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. |
| 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 prophyl | | |
| 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 |

| ADA CDT-2015 | Description | Radiographic Image(s) | Perio Chart | Medical EOB | Other |
|---|---|-----------------------------------|-------------|---|--|
| D6110- D6117, 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 | | |
| 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 | | | | 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. |

| ADA CDT-2015 | Description | Radiographic Image(s) | Perio Chart | Medical EOB | Other |
|-----------------|---|-----------------------|-------------|--|---|
| 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 | |
| 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 |
| 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 |

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|-----------------|---|-----------------------|-------------|------------------------------|--|
| 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 |

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|-----------------|---|-----------------------|---|---|--|
| D7960 | Frenectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another procedure | | | | Effective 3/1/2016 (only required for patients that are under two years of age on the date of service): Narrative Photographs (optional) |
| 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 | | | | |
| 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 | | | | Narrative |
| 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 |
| 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 | |

| ADA CDT-2015 | Description | Radiographic Image(s) | Perio Chart | Medical EOB | Other |
|-------------------------|--|----------------------------------|--------------------|---|--------------|
| 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 | 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 | 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 |
| D9994 | dental case management-patient education to improve oral health literacy | | | | Narrative |
| D9999 | Unspecified adjunctive procedure, by report | | | | Narrative |