

Dental Claims Attachments

PROCEDURES	Tooth # or Site	Required Images	Post-op X-ray Required?	Narrative Required?	Date of Prior Placement?	Periodontal Chart Required?
Crowns/build-ups/post and core/Inlays/Onlays/Veneers	Tooth Number	Bitewing (BTW) and/or Periapical	Periapical if root canal	NO*	YES, if replacement	NO*
Endodontics	Tooth Number	Pre- & Post-op Periapical	Post-op periapical	NO*	YES, if retreatment	NO*
Periodontal	Quadrant or Tooth Number	Full Mouth Series (FMS) with Bitewings (BTW)	NO	NO*	NO	At least 30 days post scaling and root planning (osseous surgery and chemotherapeutics). Periodontal charting performed within 12 months, 6 point probing, furcation, mucogingival relationship and bleeding points
Partial Dentures	Arch	Full Mouth Series or Panoramic	NO	NO*	YES, if replacement	NO*
Complete Dentures	Arch	Full Mouth Series or Panoramic	NO	NO*	YES, if replacement	NO*
Implant Body	Tooth Number	Periapical or Panoramic	NO	NO*	YES, if replacement	NO*
Implant Abutments/Implant Crowns	Tooth Number	Periapical	YES, implant in place	NO*	YES, if replacement	NO*
Fixed Bridges	Tooth Number	Full Mouth Series with Bitewings (preferred) or Panoramic	NO	NO*	YES, if replacement	NO*
Oral Surgery	Tooth Number	Panoramic or Periapical	NO	NO*	NO	NO*
Orthodontics	NO	Standard Ortho Images	NO	NO*	NO	NO*
Occlusal Guard	NO	None	NO	YES	NO	NO

Did you know...

All attachments can be submitted electronically.

*Required only upon request