

## Attachment Requirements

Delta Dental of Kansas continues to try to limit the amount of requests for attachments to make your experience as smooth as possible. To assist you in your claim submission, please see the list of general guidelines below for procedure codes that require attachments or other documentation, such as tooth numbers, quadrants, narratives or pre-determinations. Delta Dental reserves the right to request any documentation necessary to properly adjudicate claims.

## KEY Periapical (PA) Bitewings (BW) Periodontal Charting (PC) Chart Notes (CN) Full Mouth X-Ray (FMX) Panoramic (PANO) Predetermination (PD) Missing Tooth Chart (MTC) / = or + = and

Multi-stage procedures are reported and benefitted upon completion. The completion date is the date of insertion (delivery to the patient including initial adjustments) for removable prosthetic devices such as full and partial dentures, TMJ splints, and bruxism guards.

The completion date for **crowns**, bridges (fixed partial dentures), onlays and inlays is the permanent cementation date.

The completion date for **endodontic treatment** is the date the canals are permanently filled.

Submit claims for **orthodontic treatment** using the date that brackets are cemented or the first aligners are delivered.

\*Predeterminations may be a requirement for some self-funded (ASC) group contracts. Effective 1/1/20, mandatory predeterminations are not required for risk groups and individual plans, but are recommended.

Restora	tive Dentistry (include tooth # and s	urfaces)
D2543 - D2544	Metallic onlays	PA/BW
D2643 - D2644	Porcelain/ceramic onlays	PA/BW
D2710 - D2794	Crowns	PA/BW
D2950	Core buildup	PA/BW
D2960 - D2962	Veneers	PA
	Endodontics	
D3346 - D3348	Root canal retreatment	PA
D3410 - D3426	Apicoectomy/periradicular surgery	PA
Periodontics (ir	nclude quadrant and/or tooth #, PD	recommended)
D4210 - D4211	Gingivectomy/Gingivoplasty	PC
D4240 - D4241	Gingival flap procedure	PC
D4249	Crown lengthening	PA + CN
D4260 - D4261	Osseous surgery	PA + CN
D4263 - D4264	Bone replacement graft	PA + CN
D4273 - D4285	Tissue grafts	PC
D4341 - D4342	Scaling & root planing	FMX + PC
Implants (full	arch x-rays required; PD recommend	ded/required*)
D6010, D6013, D6040,	D6050 Surgical placement of implant body	PANO/FMX + PD + MTC
D6052 - D6057	Abutments	PANO/FMX + PD + MTC
D6058 - D6094	Implant crowns	PANO/FMX + PD + MTC
Prosthodont	ics (full arch x-rays required; PD rec	commended)
D6205 - D6252	Pontics	PANO/FMX + MTC
D6545 - D6792	Partial denture (bridge) retainers	PANO/FMX + MTC
	Oral Surgery	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	PA/PANO/FMX
D7220 - D7241	Removal of impacted tooth	PA/PANO/FMX
D7250	Removal of residual tooth roots	PA/PANO/FMX
TMJ	& Bruxism (PD recommended/requi	red*)
D7880	Occlusal orthotic device (TMJ/TMD)	PD + CN
D9944	Occlusal guard - hard appliance, full arch	PD + CN
D9945	Occlusal guard - soft appliance, full arch	PD + CN
D9946	Occlusal guard - hard appliance, partial arch	PD + CN