



Dental claims review submission requirements

This guide outlines what information UniCare needs to review and pay dental claims accurately and quickly.

What's inside:

- Elements of claims review
- Criteria required for a claim or pre-determination
- How to submit a clean claim
- Required attachments by CDT codes

Elements of claims review

We assess dental claims against generally accepted standards of care, contractual requirements, and Current Dental Terminology (CDT) procedure coding. Your office can ensure timely, accurate payment by providing complete, precise information on your claims. Using correct CDT codes helps us understand what type of service has been delivered and how to pay a claim for that service.

To establish generally accepted standards of care, accuracy of CDT coding, and contract alignment, certain radiographs or photographs may be requested for clarification. Clinical chart notes, operative reports, exam forms, specialty referral forms, orthodontic indices, dental history, periodontal charting, narratives, pathology reports, and anesthesia records may be required.

Dental review means dental services that a dentist provides to a patient for the purpose of evaluating, diagnosing, or treating a dental injury or disease or its symptoms. The dentist will use sensible clinical judgment when providing dental services. Dental services should be in accordance with the generally accepted standards of dental practice in terms of type, frequency, extent, and considered effective for the patient's dental injury or disease. The dental service is not primarily performed for the convenience of the patient or dentist, is not cosmetic, and is not more costly than an alternative service.



For dental purposes, generally accepted standards of dental practice mean:

- Standards that are based on credible scientific evidence published in peer-reviewed dental literature recognized by the practicing dental community.
- Specialty society recommendations or criteria.
- The views of recognized dentists practicing in the relevant clinical area.
- Any other relevant factors from credible sources.

Contract alignment means certain contractual items (for example, time limits, frequency of procedures, age limits, and exclusions) are supported by the clinical and administrative documentation submitted by the practitioner's office.

CDT coding accuracy means that current CDT procedure code(s) submitted for procedure(s) performed by the practitioner correspond with CDT Nomenclature and Descriptors. In August 2000, the CDT was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dental services reported must use CDT procedure coding and correspond with CDT Nomenclature and Descriptors.

Note: If a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

The plan has a 12-month claims filing limit unless otherwise stated in the plan's contract of limitations.

Criteria required for a claim or pre-determination

Radiographic images

Radiographic images must be pre-treatment, current within 12 months, include an acquisition date, and be properly mounted, labeled, and oriented. The radiographic images must be of diagnostic quality — meaning sufficient contrast and density with no geometric distortion. All periapical radiographic images must include the entire tooth structure from the top of the crown to the apex of the root. Radiographic images cannot be faxed due to loss of diagnostic quality.

Periodontal charting:

- Your documentation should follow 6-point periodontal charting as described by the American Dental Association (ADA) and American Academy of Periodontology (AAP).
- Charts should be labeled and dated within 12 months prior to the submitted procedure.
- For surgical periodontal treatment, periodontal charting after completion of non-surgical periodontal therapy, CDT codes D4341, D4342, and/or periodontal maintenance, CDT code D4910 is required.

Submitted documentation

All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly, only in ink, and contain patient identification (for example, claim number). Failure to provide legible records may result in postponement of determination of benefits and/or denial of payments. Clinical chart notes that are not legible must be transcribed and both the original and transcription must be submitted.

Clinical chart notes

Clinical chart notes are acceptable when the documentation adequately represents the clinical findings, diagnosis, treatment plan, and treatment rendered.



How to submit a clean claim

Did you know missing or incomplete claim submissions may result in the claim being denied or cause delays in claims processing? We identified data required for a complete claim submission, including the below required claims information and the attached required supporting documentation for review.

Data required fields are highlighted in blue

12. Primary subscriber's name and address
13. Primary subscriber's date of birth
15. Primary subscriber's Social Security Number (SSN) or identification number
18. Patient's relationship to the primary subscriber
20. Patient's name
21. Patient's date of birth
24. Procedure date(s)
27. Tooth number(s) or letter(s)
28. Tooth surface and quadrant, if applicable
29. Current CDT procedure code(s)
31. Fee for treatment
36. Patient/guardian signature
43. Replacement of prosthetics (only applies to major services)
44. Date of prior placement (only applies to major services)
48. Legible billing dentist or business name and address
49. Dental entity National Provider Identifier (NPI) number
50. Billing dentist state-issued license number
51. Tax identification number (TIN)
53. Treating dentist's signature
54. Dentist's personal NPI number
55. State-issued dentist license number
56. Physical location where the treatment was rendered

ADA American Dental Association® Dental Claim Form																			
HEADER INFORMATION																			
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preadjustment <input type="checkbox"/> RFP/DT/TBE XXX																			
2. Predetermination/Preadjustment Number					POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)														
3. Company/Plan Name, Address, City, State, Zip Code																			
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																			
DENTAL BENEFIT PLAN INFORMATION																			
13. Date of Birth (MM/DD/CCYY)																			
14. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other																			
15. Policyholder/Subscriber ID (Assigned by Plan)																			
OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.)																			
16. Plan/Group Number																			
17. Employer Name																			
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																			
PATIENT INFORMATION																			
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other																			
19. Reserved For Future Use																			
6. Date of Birth (MM/DD/CCYY)																			
7. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other																			
8. Policyholder/Subscriber ID (Assigned by Plan)																			
9. Plan/Group Number																			
10. Patient's Relationship to Person named in #8 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other																			
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																			
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																			
21. Date of Birth (MM/DD/CCYY)																			
22. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other																			
23. Patient ID/Account # (Assigned by Dentist)																			
RECORD OF SERVICES PROVIDED																			
1	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Dap	30b. Pailer	30c. City	30. Description	31. Fee								
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
33. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-10 = AB)									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Codes) A. _____ C. _____		31a. Other Fee(s)	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34b. Diagnosis Codes) B. _____ D. _____		32. Total Fee	
35. Remarks																			
AUTHORIZATIONS										ANCILLARY CLAIM/TREATMENT INFORMATION									
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.										38. Place of Treatment <input type="checkbox"/> (e.g. 11=Office, 22=OP Hospital) <input type="checkbox"/> (Use "Place of Service Codes for Professional Claims")		39. Enclosures (Y or N)							
Patient/Guardian Signature _____ Date _____										40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Step 41-42) <input type="checkbox"/> Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY)							
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.										42. Months of Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)		43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)		44. Date of Prior Placement (MM/DD/CCYY)					
Subscriber Signature _____ Date _____										45. Treatment Resulting from <input type="checkbox"/> Occupational Illness/Injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident		46. Date of Accident (MM/DD/CCYY)		47. Auto Accident State					
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)										TREATING DENTIST AND TREATMENT LOCATION INFORMATION									
48. Name, Address, City, State, Zip Code										53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.									
49. NPI										54. NPI		55. License Number		56. Address, City, State, Zip Code					
50. License Number										57. Phone Number () - () - ()		58. Additional Provider ID		59. Additional Provider ID					
51. SSN or TIN										52. Phone Number () - () - ()		53. Additional Provider ID		54. Additional Provider ID					
52. Additional Provider ID										55. Additional Provider ID		56. Additional Provider ID		57. Additional Provider ID					
53. Additional Provider ID										58. Additional Provider ID		59. Additional Provider ID		60. Additional Provider ID					
54. Additional Provider ID										59. Additional Provider ID		60. Additional Provider ID		61. Additional Provider ID					
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61. Additional Provider ID										66. Additional Provider ID		67. Additional Provider ID		68. Additional Provider ID					
62. Additional Provider ID										67. Additional Provider ID		68. Additional Provider ID		69. Additional Provider ID					
63. Additional Provider ID										68. Additional Provider ID		69. Additional Provider ID		70. Additional Provider ID					
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65. Additional Provider ID										70. Additional Provider ID		71. Additional Provider ID		72. Additional Provider ID					
66. Additional Provider ID										71. Additional Provider ID		72. Additional Provider ID		73. Additional Provider ID					
67. Additional Provider ID										72. Additional Provider ID		73. Additional Provider ID		74. Additional Provider ID					
68. Additional Provider ID										73. Additional Provider ID		74. Additional Provider ID		75. Additional Provider ID					
69. Additional Provider ID										74. Additional Provider ID		75. Additional Provider ID		76. Additional Provider ID					
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73. Additional Provider ID										78. Additional Provider ID		79. Additional Provider ID		80. Additional Provider ID					
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78. Additional Provider ID										83. Additional Provider ID		84. Additional Provider ID		85. Additional Provider ID					
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80. Additional Provider ID										85. Additional Provider ID		86. Additional Provider ID		87. Additional Provider ID					
81. Additional Provider ID										86. Additional Provider ID		87. Additional Provider ID		88. Additional Provider ID					
82. Additional Provider ID										87. Additional Provider ID		88. Additional Provider ID		89. Additional Provider ID					
83. Additional Provider ID										88. Additional Provider ID		89. Additional Provider ID		90. Additional Provider ID					
84. Additional Provider ID										89. Additional Provider ID		90. Additional Provider ID		91. Additional Provider ID					
85. Additional Provider ID										90. Additional Provider ID		91. Additional Provider ID		92. Additional Provider ID					
86. Additional Provider ID										91. Additional Provider ID		92. Additional Provider ID		93. Additional Provider ID					
87. Additional Provider ID										92. Additional Provider ID		93. Additional Provider ID		94. Additional Provider ID					
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89. Additional Provider ID										94. Additional Provider ID		95. Additional Provider ID		96. Additional Provider ID					
90. Additional Provider ID										95. Additional Provider ID		96. Additional Provider ID		97. Additional Provider ID					
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Required attachments by CDT codes

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Procedure code	Description	Send with claim/pre-determination
Restorative procedures (D2390-D2983)		
D2390	Resin crown	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2510-D2664	Inlays/onlays	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2710-D2799, D2971	Crowns	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2710-D2799	Crowns specific to third molars	Prior placement date, dated pre-operative periapical radiographic images must include bitewings and opposing arch. Current, dated periodontal charting upon request.
D2928-D2929	Prefabricated ceramic crowns	Dated pre-operative periapical radiographic images.
D2930-D2934	Crowns (stainless steel)	Dated pre-operative periapical radiographic images.
D2940	Protective restoration	Dated pre-operative periapical radiographic images and chart notes.
D2950, D2951	Build-ups, pins	Dated pre-operative periapical radiographic images, and rationale for dental necessity and/or chart notes.
D2952-D2957	Posts and core	Dated pre-operative periapical radiographic images for pre-determination and post-op RCT radiographs for claims, rationale for dental necessity and/or chart notes upon request.
D2960-D2962	Veneers	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2980-D2983	Crown repair	Dated pre-operative periapical radiographic images and chart notes/narrative.



Procedure code	Description	Send with claim/pre-determination
Endodontic procedures (D3220-D3920)		
D3220-D3240	Endodontic therapy	Dated pre-operative periapical radiographic images.
D3310-D3348	Endodontic therapy	Dated pre- and post-operative (for claims) periapical radiographic images.
D3351-D3353	Apexification/ recalcification	Dated pre-operative periapical radiographic images.
D3355-D3357	Pulpal regeneration	Dated pre-operative periapical radiographic images and chart notes.
D3410-D3450	Apicoectomy/ periradicular surgery	Dated pre-operative periapical radiographic images.
D3470	Reimplantation	Dated pre-operative periapical radiographic images.
D3471-D3473	Surgical repair of root resorption	Dated pre-operative periapical radiographic images.
D3501-D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption	Dated pre-operative periapical radiographic images and chart notes/narrative.
D3920-D3921	Hemisection	Dated pre- and post-operative periapical radiographic images.

Procedure code	Description	Send with claim/pre-determination
Periodontic procedures (D4210-D4910)		
D4210-D4211	Gingivectomy	Current, dated periodontal charting (pre- and post-operative root planing) and pre-operative radiographic images, progress or clinical chart notes upon request, intra-oral photographs may be requested for clarification upon request.
D4212	Gingivectomy/ gingivoplasty	Dated pre-operative periapical radiographic images and clinical chart notes, dated current periodontal charting and intra-oral photographs may be requested upon request.
D4230-D4231	Anatomical crown exposure	Pre-operative periapical radiographic images, clinical chart notes, upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request. Periodontal charting is not required.
D4240-D4245	Flap procedures	Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, clinical chart notes upon request, narrative upon request.
D4249, D4268	Crown lengthening	Current, dated periodontal charting, dated pre-operative periapical and bitewing radiographic images, clinical chart notes upon request.
D4260-D4261	Osseous surgery	Current, dated periodontal charting (pre and post root planning), pre-operative periapical radiographic images, progress or clinical chart notes upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request.
D4263-D4264	Bone grafts	Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request.
D4265-D4267	Tissue regeneration	Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request.
D4274	Distal wedge procedure	Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request.
D4270-D4285	Tissue grafts	Current, dated periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters), intra-oral photographs may be requested for clarification. Dated pre-operative periapical radiographic image.
D4341-D4342	Scaling and root planing	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, clinical chart notes upon request; Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.
D4346	Scaling in presence of generalized moderate or severe inflammation	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, progress or clinical chart notes, and intra-oral photographs may be requested for clarification.
D4355	Full mouth debridement	Dated pre-operative full mouth radiographic images, clinical chart notes, and intra-oral photographs may be requested for clarification.
D4381	Local delivery antimicrobial agent	Current, dated periodontal charting, history of periodontal therapy, pre-operative periapical radiographic images.
D4910	Periodontal maintenance	Current, dated periodontal charting clinical chart notes/narrative regarding history of periodontal therapy.



Procedure code	Description	Send with claim/pre-determination
Removable prosthodontics (D5110-D5982)		
D5110-D5140, D5211-D5228, D5282, D5283	Complete and partial denture placement	Prior placement date, dated pre-operative full mouth radiographic images. Clinical chart notes and current, dated periodontal charting upon request.
D5410-D5761	Additional denture codes	Narrative for necessity.
D5982	Surgical stent	Clinical chart notes, narrative for necessity.
Implant procedures (D6010-D6190)		
D6010-D6199, D3460	Implant procedures	Dated pre-operative full mouth radiographic images, current, dated periodontal charting upon request.
D6190	Radiographic/ surgical implant index	Narrative for necessity, clinical chart notes upon request.
Fixed prosthodontics (D6205-D6999)		
D6205-D6794	Bridge procedures	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D6920-D6999	Bridge repairs and misc. procedures	Dated pre-operative periapical radiographic images and clinical chart notes.

Procedure code	Description	Send with claim/pre-determination
Oral and maxillofacial surgery procedures (D7210-D7963)		
D7210-D7251	Removal of teeth	Dated pre-operative periapical radiographic images, clinical chart notes detailing rationale of care, and operative report. Medical estimate of benefits (EOB) upon request.
D7260-D7283, D7287-D7291	Other oral surgery procedures	Dated pre-operative periapical radiographic images and clinical chart notes and operative report.
D7270-D7272	Reimplantation/ transplantation	Dated pre-operative periapical radiographic images and clinical chart notes and operative report.
D7285-D7286	Biopsies	Pathology report, clinical chart notes and operative report. Radiographs upon request.
D7296, D7297	Corticotomy	Dated pre-operative periapical radiographic images, clinical chart notes and operative clinical chart notes and operative report. Intra-oral photographs upon request.
D7310-D7321	Alveoloplasty	Dated pre-operative periapical radiographic images, clinical chart notes and operative report.
D7284, D7410-D7461	Surgical excision (soft tissue)	Clinical chart notes and operative report. Intra-oral photographic images upon request.
D7471-D7490	Surgical excision (hard tissue)	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7510-D7560	Surgical incision/ incision and drainage	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7810-D7877	TMJ surgery	Appropriate radiographic images, clinical chart notes and operative report. Medical <i>EOB</i> upon request.
D7880-D7881	Occlusal device	Clinical chart notes, and operative report. Medical <i>EOB</i> upon request.
D7899	Unspecified TMD therapy by report	Appropriate radiographic images, clinical chart notes and operative report.
D7920-D7951, D7970-D7996	Other surgical repairs	Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report.
D7953	Bone graft	Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report.
D7960-D7963	Frenulectomy/ frenuloplasty	Clinical chart notes, intra-oral photographic images, current dated periodontal charting.

Procedure code	Description	Send with claim/pre-determination
Orthodontics (medically necessary orthodontic care (D8030-D8090))		
D8030-D8090	Medically necessary orthodontic treatment	Completed HLD Index Form. Electronic equivalent of orthodontically trimmed study models or ortho cadcam including all views. Orthodontic treatment plan. Surgical treatment plan and letter of medical necessity when appropriate. Intra-oral and extra-oral photographic images. Cephalometric analysis, full mouth or panoramic radiographic images.
Adjunctive services (D9120-D9946)		
D9120	Fixed partial denture sectioning	Dated pre-operative periapical radiographic images, clinical chart notes and operative report.
D9222, D9223	Deep sedation/general anesthesia	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the sedation/general anesthesia was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the "Remarks" (Section 35) of the claim form.
D9239, D9243	IV conscious sedation	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the IV conscious sedation was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the "Remarks" (Section 35) of the claim form.
D9610, D9630	Other drugs/medications	Clinical chart notes including drug/medication name.
D9920-D9930	Behavior management	Clinical chart notes.
D9944, D9945, D9946	Occlusal guards	Clinical chart notes.
D9951-D9952	Occlusal adjustments	Clinical chart notes.



Learn more about UniCare
programs

unicare.com/ms/dentalproviders/home.html



Sources:

1 ADA Practical Guide to Frequently Asked Legal Questions, 2nd Edition; Practical Guide Series; American Dental Association Division of Legal Affairs.

2 The Risk Management Reference; The Dentists Insurance Company Keith Horner, John Ru, and Vivian E Rushton.

3 Interpreting Dental Radiographs, Quintessence Publishing Co. Ltd., 2002.

For self-funded plans, claims are administered by UniCare Life & Health Insurance Company. Insurance coverage is provided by UniCare Life & Health Insurance Company.

MULTI-ALL-CM-038060-23-CPN37439