

You can help us process your claims more quickly by submitting all of the required documentation with your original submission for pre-treatment estimates and payments. Below is a short list of required documentation for the most commonly reviewed procedures, as well as optional information you can submit that will help us as we conduct our review.

CODE	PROCEDURE	REQUIRED DOCUMENTATION	OPTIONAL ADDITIONAL INFORMATION
Major Restorative:			
2542 - 2544 2710 - 2794 6720 - 6794 6210 - 6252	Onlays* Crowns* Bridges* Cracked Tooth Syndrome*	Tooth Number, Pre-Operative Periapical X-Ray (Include Patient Name, Date, and Left/Right on all X-rays), and surfaces if applicable. Tooth Number, Treatment Notes, Pre-Operative Periapical X-Ray (Include Patient Name, Date, and Left/Right on all X-rays), Pre-Operative Intra Oral Photo See next page for additional details about required documentation.	Pre-Operative Intra Oral Photo and Treatment Notes supporting need if necessary. (Include Patient Name, Date, and Left/Right on all Photos)
2950	Buildups*	Tooth Number, Pre-Operative Periapical X-Ray. (Include Patient Name, Date, and Left/Right on all X-rays)	Pre-Operative or Operative Intra Oral Photo and Treatment Notes supporting need. (Include Patient Name, Date, and Left/Right on all Photos)
2952, 2954	Post and Core	Tooth Number, Post-Operative Endo Periapical X-Ray. (Include Patient Name, Date, and Left/Right on all X-rays)	Pre-Operative or Operative Intra Oral Photo and Treatment Notes supporting need. (Include Patient Name, Date, and Left/Right on all Photos)
Endodontics:			
3346 - 3348	Retreatment of Previous Root Canal*	Pre and Post-Operative X-Rays (Include Patient Name, Date, and Left/Right on all X-rays) and Narrative	Treatment notes
Periodontal:			
	For All Periodontal Procedures	*Please See UR Guidelines for information as required supporting documentation varies based on procedure code.	
Oral Surgery:			
7210, 7220, 7230, 7240, 7241, 7250	Surgical Extractions	Tooth Number, Pre-Operative Periapical X-Ray. (Include Patient Name, Date, and Left/Right on all X-rays) Note: 7241 requires Narrative	Treatment Notes

*When submitting x-rays or photo attachments, always include first and last name of the patient, the date the x-ray was taken, and label the x-ray left or right. X-rays must be less than 2 years old and of diagnostic quality.

Please Note: This Quick Reference should serve only as a guide. For complete and definitive information on reviewable procedures, please see The Delta Dental of Rhode Island Utilization Review Guidelines available at www.deltadentalri.com/Content/Docs/URGuidelines.pdf.

Required Documentation for Cracked Tooth Syndrome:

1. Tooth Number
2. Treatment notes: The patient's clinical treatment notes should document the following:
 - a. The date of onset of symptoms and follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome (CTS).
 - b. Any conservative treatments attempted to make the tooth asymptomatic. This may include time monitoring the symptoms.
 - c. Sensitivity to cold and/or sensitivity to occlusal load.
3. Pre-operative periapical radiographic image: Please include patient name, date, and left/right on all x-rays
4. Pre-operative intra oral photograph(s) showing crack(s)/fracture lines. If relevant, photograph(s) after removal of the existing restoration showing cuspal/pulpal fracture lines.

Please Note: TEETH WITH MINIMAL OR NO RESTORATIONS REQUIRE TIME MONITORING: 2-4 WEEKS OR MORE.