

# Dental Claims Attachments

PROCEDURES	Tooth # or Site	Required Images	Post-op X-ray Required?	Narrative Required?	Date of Prior Placement?	Periodontal Chart Required?
<b>Crowns/build-ups/post and core/Inlays/Onlays/Veneers</b>	Tooth Number	Bitewing (BTW) and/or Periapical	Periapical if root canal	NO*	YES, if replacement	NO*
<b>Endodontics</b>	Tooth Number	Pre- & Post-op Periapical	Post-op periapical	NO*	YES, if retreatment	NO*
<b>Periodontal</b>	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
<b>Partial Dentures</b>	Arch	Full Mouth Series or Panoramic	NO	NO*	YES, if replacement	NO*
<b>Complete Dentures</b>	Arch	Full Mouth Series or Panoramic	NO	NO*	YES, if replacement	NO*
<b>Implant Body</b>	Tooth Number	Periapical or Panoramic	NO	NO*	YES, if replacement	NO*
<b>Implant Abutments/Implant Crowns</b>	Tooth Number	Periapical	YES, implant in place	NO*	YES, if replacement	NO*
<b>Fixed Bridges</b>	Tooth Number	Full Mouth Series with Bitewings (preferred) or Panoramic	NO	NO*	YES, if replacement	NO*
<b>Oral Surgery</b>	Tooth Number	Panoramic or Periapical	NO	NO*	NO	NO*
<b>Orthodontics</b>	NO	Standard Ortho Images	NO	NO*	NO	NO*
<b>Occlusal Guard</b>	NO	None	NO	YES	NO	NO

**Did you know...**

All attachments can be submitted electronically.

\*Required only upon request