01 / FILL-IN WORKSHEET

Dental Narrative Worksheet

Fill every line from the chart, and leave out anything the chart doesn't show. Build the five parts in order, then write the 80-character claim note.

PATIENT _____ CLAIM # _____ PAYER _____

DATE OF SERVICE _____ CDT CODE(S) _____ TOOTH / QUADRANT _____

The five parts of a narrative that gets paid

WRITE FROM THE CLINICAL NOTE

01 Tooth and diagnosis
Tooth number and surfaces, or the quadrant. Add the ICD-10 code when the payer wants one.

02 The measured finding
Numbers: probing depths in mm, percent of structure lost, mobility class. Copy them from the chart.

03 The evidence and its blind spot
Name the image and its date, then what it can't show: a fractured cusp, a crack, an open margin.

04 Code rationale
Why the less costly alternative won't work. This answers the alternate benefit question.

05 Attachments
List each file so the reviewer knows what to open: images, perio charting, photos.

Claim note: 80 characters, spaces included

ONE BOX PER CHARACTER

Lead with the tooth and the finding, then name the attachment. Example: #30 MOD amalgam, recurrent decay, DL cusp fx; under 50% crown left. PA attached.

10 20 30 40

50 60 70 80

Fill these claim form boxes first

- ☐ **29a** Diagnosis pointer for each line
- ☐ **33** Missing teeth
- ☐ **34 / 34a** Qualifier AB and up to four ICD-10 codes
- ☐ **39** Enclosures, Y or N
- ☐ **39a** Date of the last SRP
- ☐ **43** Replacement of prosthesis, yes or no
- ☐ **44** Date of prior placement

Words that get narratives denied

Leave out	Write this instead
"Patient requested" or "wants"	The clinical finding
"Cosmetic" or "esthetic"	The function and structure lost
Wear as the crown reason	Decay or fracture, if charted
"Sensitivity" alone	The structural finding
"Old restoration" or age	Recurrent decay or fracture + prior date
"Difficult" or "took longer"	The technique performed

DRAFTED BY _____ DENTIST APPROVAL (ITEM 53) _____ DATE _____

Payer rules: Aetna (September 22, 2026) and Delta Dental of California and affiliates (October 7, 2025). Check each patient's plan. CDT © American Dental Association.

02 / ATTACHMENT CHECKLIST

Attachment Checklist by Procedure

Send the narrative, images, and charting with the first submission. Tick each item as you attach it.

What to attach, and the trap that gets it denied

AETNA + DELTA DENTAL RULES

Procedure	Attach	Watch for
Crown D2740, D2750	☐ Pre-op PA within 1 year of prep, whole tooth to the root tip (Delta; pano can't substitute) ☐ Intraoral photo of the fractured cusp or crack	Aetna: 50%+ structure lost, failing restoration of half the tooth, or root canal. "Sensitivity" alone doesn't qualify.
Replacement crown Items 43, 44	☐ Current PA ☐ Photo of the open margin ☐ Item 43 = yes; prior placement date in Item 44	Name what failed. Age alone won't carry the claim.
Anterior crown	☐ Photo showing the fracture ☐ PA	Keep "esthetics" and "shade match" out. Recent accident? Check medical coverage first.
Core buildup D2950	☐ Pre-op and post-op photos or radiographs showing the buildup	Name the missing walls, or it bundles into the crown (CARC 97).
SRP D4341, D4342	☐ Six-point perio charting (within 12 months for Delta) ☐ Bitewings within 12 months or PAs showing crestal bone loss ☐ Chart notes: stage, grade, anesthetic, appointment length	D4341 needs 4+ teeth with periodontitis in the quadrant (Aetna). Depths must match the chart.
Perio maintenance D4910	☐ Current periodontal charting ☐ Date of last SRP in Item 39a	Don't leave the SRP date blank or switch to D1110 without explanation.
Gingival inflammation D4346	☐ Radiographs showing no bone loss ☐ Periodontal charting	State "no bone loss" outright. Any bone loss moves it to SRP.
Occlusal guard D9944, D9945, D9946	☐ Intraoral photos of the wear	Leave out "for comfort." An athletic mouthguard is D9941.
Root canal D3310–D3330; D3346–D3348	☐ Pre-op and post-op radiographs ☐ Retreatment: original date, restorative history, why it failed	State restorability and prognosis, not just the pulp diagnosis.
Extraction D7210, D7241	☐ D7210: pre-op PA ☐ D7241: panoramic plus CBCT slices ☐ Tooth-specific chart notes (Delta)	"Difficult" isn't a complication. Name it: nerve proximity, ankylosis, dilacerated root.
Implant + ridge graft D6010, D7953	☐ Panoramic or FMX, plus a PA ☐ Extraction date, prior prosthesis date, all missing teeth ☐ Planned prosthetic reconstruction (grafts)	Tooth missing before coverage? The missing tooth clause may apply.
Bridge D6750, D6240	☐ Panoramic or FMX ☐ PAs of both abutments ☐ Extraction date, prior prosthesis, all missing teeth	Unrestored abutments? Explain the choice over an implant or partial.
Crown lengthening D4249	☐ Current pre-op radiograph	Show a full-thickness flap and bone removal. Gingivectomy only isn't D4249.
IV sedation	☐ Current dated radiographs ☐ Medically compromising condition or qualifying procedure ☐ Anesthesia records	Name the Aetna qualifying criterion that applies.

LABEL EVERY IMAGE (AETNA)

Duplicates, dated, marked right and left, unannotated, and less than 36 months old. Match the attachment control number (PWK06) to the claim.

MEDICARE DENTAL CLAIMS

Don't send x-rays or perio charting with the claim. Keep them ready and send only if the Medicare contractor asks. Include the ICD-10 code and the KX modifier.

Requirements change, so check the payer's current documentation list before you submit. Fill every narrative from the patient's chart; a template gives you structure, not wording.

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