PREDENTALCHECK.COM — THE STANDARD

The Packet

The clearance-documentation kit for general dentists, OMFS, and oral surgeons: six scenarios where dental clearance is medically required, a one-page checklist and coordination-letter template for each, and a coding quick-reference cross-walked to the checklist.

Who this is for
General dentists, OMFS, oral surgeons documenting medical necessity for dental clearance and treatment.

What it costs
Free. Complete. Nothing to buy, nothing to upgrade to.

Source
predentalcheck.com — the six scenarios on this page are published there, ungated.

CONTENTS

No sales call. No demo. No subscription. This PDF is the entire Packet. There is nothing else to send you and nothing to upgrade to.

PART I

Six scenarios where dental clearance is medically required

Why clearance matters, what your documentation needs to contain, and the reference behind it. Same content published at predentalcheck.com — collected here for the chart.

SCENARIO 1 OF 6

Solid-organ transplant, pre-listing

`D02.0 · K04.x · K05.x · Z94.0–Z94.9 status`

WHY CLEARANCE MATTERS

Post-transplant immunosuppression turns an asymptomatic oral infection into a systemic one. Transplant programs routinely make dental clearance a condition of listing.

WHAT TO DOCUMENT

Full exam with radiographs; diagnosis and treatment of active disease before listing; a dated clearance statement naming the planned transplant; any deferred non-urgent treatment noted explicitly. [1]

SCENARIO 2 OF 6

Cardiac valve replacement or valvuloplasty

`I05–I08 · I34–I36 · Z95.2 presence of prosthetic valve`

WHY CLEARANCE MATTERS

Oral bacteremia seeding a prosthetic valve is the mechanism behind prosthetic-valve endocarditis. Cardiology wants oral sources of infection eliminated before the valve goes in.

WHAT TO DOCUMENT

Resolution of active infection pre-operatively; antibiotic prophylaxis plan for subsequent dental care per AHA guidelines; clearance letter to the referring cardiologist or surgeon. [1][2]

SCENARIO 3 OF 6

Chemotherapy or hematopoietic stem-cell transplant, pre-conditioning

`C00–D49 (primary dx) · Z51.11 encounter for antineoplastic chemo`

WHY CLEARANCE MATTERS

Neutropenic mucositis and odontogenic sepsis are documented, preventable complications of chemotherapy. Pre-treatment dental evaluation and stabilization is the standard of care at cancer centers.

WHAT TO DOCUMENT

Exam and stabilization of likely infection sources before conditioning starts; extractions timed to allow healing ahead of the neutropenic window; coordination note to oncology with treatment dates. [3]

SCENARIO 4 OF 6

Before antiresorptive or antiangiogenic therapy (MRONJ risk)

`M81.x osteoporosis · Z79.83 long-term bisphosphonate · oncology dosing`

WHY CLEARANCE MATTERS

Medication-related osteonecrosis of the jaw risk rises sharply when extractions happen after high-dose antiresorptives begin. The window to remove hopeless teeth is before the first dose.

WHAT TO DOCUMENT

Planned drug, dose, and start date from the prescriber; extraction of non-restorable teeth completed pre-therapy with healing confirmed; risk counseling noted in the chart. [4]

SCENARIO 5 OF 6

Head and neck radiation, pre-RT — and prosthesis after

`C00–C14 · Z51.0 encounter for antineoplastic radiation`

WHY CLEARANCE MATTERS

Radiation to the jaws permanently impairs healing capacity; post-RT extraction in the field risks osteoradionecrosis. Questionable teeth come out before RT, not after. Post-radiation, a denture can itself be medically necessary for nutrition.

WHAT TO DOCUMENT

Planned radiation field and dose from the radiation oncologist; extractions completed with healing time before RT start; fluoride carrier trays and follow-up protocol; for prosthesis: functional deficit (mastication, nutrition) stated in medical terms. [3]

SCENARIO 6 OF 6

Extraction or TMJ treatment tied to a documented systemic diagnosis

K02.9 · K04.7 · M26.60–M26.69 TMJ disorders

WHY CLEARANCE MATTERS

An odontogenic infection that destabilizes a systemic condition — glycemic control, an immune-compromised host, a planned surgery — makes the extraction a medical service, not an elective dental one. Some TMJ treatment is likewise covered under medical when tied to a documented diagnosis.

WHAT TO DOCUMENT

The systemic diagnosis (with the managing physician named); the causal link stated in one sentence; why the dental procedure changes the medical course. The KX modifier attests that this documentation is on file. [5]

PART II

Per-scenario clearance checklists

One page's worth of checkboxes per scenario. Work through top to bottom; the clearance letter (Part III) is the last box on every list.

Checklist 1 — Solid-Organ Transplant, Pre-Listing

Codes: D02.0 · K04.x · K05.x · Z94.0–Z94.9

- ☐ Full oral exam completed, date: _____
- ☐ Radiographs taken and reviewed
- ☐ Active disease (caries, perio, periapical) identified and treated
- ☐ Transplant type and target organ confirmed with transplant team: _____
- ☐ Non-urgent / elective treatment deferred and explicitly noted in chart
- ☐ Clearance letter drafted naming the planned transplant
- ☐ Clearance letter dated and signed
- ☐ Clearance letter sent to transplant coordinator / referring physician, date sent: _____

Checklist 2 — Cardiac Valve Replacement or Valvuloplasty

Codes: I05–I08 · I34–I36 · Z95.2

- ☐ Full oral exam completed, date: _____
- ☐ Radiographs taken and reviewed
- ☐ Active oral infection identified and resolved pre-operatively
- ☐ Surgery / procedure date confirmed: _____
- ☐ Antibiotic prophylaxis plan documented for future dental care, per AHA guidelines
- ☐ Clearance letter drafted for referring cardiologist / surgeon
- ☐ Clearance letter dated and signed
- ☐ Clearance letter sent, date sent: _____

Checklist 3 — Chemotherapy / HSCT, Pre-Conditioning

Codes: C00–D49 (primary dx) · Z51.11

- [ ] Full oral exam completed, date: _____
- [ ] Radiographs taken and reviewed
- [ ] Likely infection sources identified and stabilized before conditioning
- [ ] Conditioning / neutropenic window start date confirmed: _____
- [ ] Extractions (if needed) timed to allow full healing before that window
- [ ] Coordination note drafted for oncology with treatment dates
- [ ] Coordination note dated and signed
- [ ] Coordination note sent to oncology, date sent: _____

Checklist 4 — Before Antiresorptive / Antiangiogenic Therapy (MRONJ Risk)

Codes: M81.x · Z79.83 · oncology dosing

- [ ] Full oral exam completed, date: _____
- [ ] Radiographs taken and reviewed
- [ ] Planned drug, dose, and start date obtained from prescriber: _____
- [ ] Non-restorable teeth identified
- [ ] Extractions completed with confirmed healing before start date
- [ ] MRONJ risk counseling documented in chart
- [ ] Clearance letter drafted for prescriber
- [ ] Clearance letter dated, signed, and sent, date sent: _____

Checklist 5 — Head & Neck Radiation, Pre-RT

Codes: C00–C14 · Z51.0

- [ ] Full oral exam completed, date: _____
- [ ] Radiographs taken and reviewed
- [ ] Planned radiation field and dose obtained from radiation oncologist: _____
- [ ] Questionable / non-restorable teeth in field extracted with healing time before RT start
- [ ] Fluoride carrier trays fabricated and dispensed
- [ ] Follow-up protocol established
- [ ] If prosthesis needed post-RT: functional deficit (mastication/nutrition) stated in medical terms
- [ ] Clearance / coordination letter dated, signed, and sent to radiation oncology, date sent: _____

Checklist 6 — Extraction / TMJ Treatment Tied to Systemic Diagnosis

Codes: K02.9 · K04.7 · M26.60–M26.69

- [ ] Full oral exam completed, date: _____
- [ ] Radiographs taken and reviewed
- [ ] Systemic diagnosis confirmed and managing physician named: _____
- [ ] Causal link between oral infection and systemic condition stated in one sentence
- [ ] Why the dental procedure changes the medical course documented
- [ ] KX modifier attestation prepared, confirming this documentation is on file
- [ ] Letter to managing physician drafted, dated, and signed
- [ ] Letter sent, date sent: _____

PART III

MD ↔ DDS coordination letter templates

One request letter and one clearance-response template per scenario family. Fill in the blanks, print on letterhead, sign, and fax or upload to the portal. Adapt freely — these are starting language, not required text.

Template A — Dental Clearance Letter (general form, all scenarios)

Use for transplant listing, valve replacement, chemo/HSCT, antiresorptive therapy, or head/neck radiation — adjust the bracketed procedure and findings.

Date: _____

Dear Dr. _____,

This letter confirms dental clearance for _____ (patient) prior to _____ (planned treatment/procedure), planned for _____ (date).

Exam date: _____. Radiographs: _____ (taken/reviewed). Diagnoses identified: _____.

Treatment completed prior to this letter: _____.

Treatment deferred, and why: _____.

Status: _____ (no active oral infection / named exception, specify: _____).

This clears the patient, from a dental standpoint, to proceed with the above treatment as planned. Please contact me directly with any questions prior to proceeding.

Sincerely,

_____ DDS/DMD

Practice: _____

Phone/fax: _____ Date: _____

Template B — Request Letter to Referring Physician

Use when you need treatment dates, drug/dose, or field/dose information before you can complete your own clearance workup.

Date: _____

Dear Dr. _____,

Your patient, _____, has been referred to our office for dental clearance prior to _____. To complete the clearance workup and documentation, we need the following from your office:

Planned start date of treatment: _____

Drug/dose or radiation field/dose (if applicable): _____

Any time constraints on when clearance is needed by: _____

Please send this information to the contact below, and we will return a signed, dated clearance letter directly to your office once the exam and any required treatment are complete.

Sincerely,

_____ DDS/DMD

Practice: _____

Phone/fax: _____ Date: _____

Template C — Deferred / Exception Clearance Letter

Use when clearance is conditional — active disease is treated but something remains outstanding, or an exception applies (e.g., urgent transplant timeline).

Date: _____

Dear Dr. _____,

This letter confirms conditional dental clearance for _____ prior to _____.

Active disease treated: _____.

Outstanding item(s) and why treatment proceeds despite them: _____.

Recommended follow-up and timing: _____.

Please contact me directly if the treatment timeline changes or if further dental evaluation is needed before proceeding.

Sincerely,

_____ DDS/DMD

Practice: _____

Phone/fax: _____ Date: _____

PART IV

KX / ICD quick-reference coding sheet

A reference cross-walked to the checklists above — not billing advice. Confirm current code sets and payer-specific rules before submitting a claim.

Scenario → Code Cross-Walk

1. Transplant pre-listing — D02.0 · K04.x · K05.x · Z94.0–Z94.9

2. Cardiac valve replacement — I05–I08 · I34–I36 · Z95.2

3. Chemo / HSCT pre-conditioning — C00–D49 · Z51.11

4. Antiresorptive / antiangiogenic (MRONJ) — M81.x · Z79.83

5. Head/neck radiation, pre-RT — C00–C14 · Z51.0

6. Systemic-diagnosis-linked extraction/TMJ — K02.9 · K04.7 · M26.60–M26.69

KX modifier: attests that documentation supporting medical necessity is on file in the chart — not that a specific outcome is guaranteed. Attach the relevant checklist (Part II) and letter (Part III) to the chart note before appending KX to any claim line.

PART V

References

Same reference list published at predentalcheck.com.

[1] Centers for Medicare & Medicaid Services. Medicare Dental Coverage — coverage of dental services "inextricably linked" to covered organ transplant, cardiac valve replacement, and valvuloplasty; 42 C.F.R. § 411.15(i)(3).

[2] Wilson W, Taubert KA, Gewitz M, et al. Prevention of Infective Endocarditis: Guidelines From the American Heart Association. Circulation. 2007;116(15):1736–1754.

[3] National Cancer Institute / NIDCR. Oral Complications of Chemotherapy and Head/Neck Radiation (PDQ®) — Health Professional version.

[4] Ruggiero SL, Dodson TB, et al. AAOMS Position Paper: Medication-Related Osteonecrosis of the Jaws — 2022 Update. J Oral Maxillofac Surg. 2022;80(5):920–943.

[5] 42 U.S.C. § 1395y(a)(12) — statutory dental exclusion and its exceptions.