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The Packet

The coordination kit for physicians, oncologists, cardiologists, and transplant & care coordinators: six scenarios where you should order dental clearance before treatment, what to request from the dentist each time, and the templates to make it come back complete on the first pass.

Who this is for
Physicians and care coordinators ordering dental clearance before chemo, transplant, cardiac, antiresorptive, or radiation treatment begins.

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

Source
premedicalcheck.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 you should order the Check

Why it matters to your treatment plan, what to request from the dentist, and the reference behind it. Same content published at premedicalcheck.com — collected here so your team can work from one document.

SCENARIO 1 OF 6

Before chemotherapy or HSCT conditioning

`Z51.11 · route via Z01.81 preprocedural exam`

WHY IT MATTERS TO YOUR PLAN

Neutropenic mucositis and odontogenic sepsis are documented, preventable complications. A dental source of infection found on day 6 of neutropenia is a treatment delay, an admission, or worse — found on day −14, it is a filling or an extraction.

WHAT TO REQUEST FROM THE DENTIST

Exam with radiographs; stabilization of likely infection sources before conditioning; extractions timed to allow healing ahead of the neutropenic window; a dated clearance note back to you with any treatment dates. [1]

SCENARIO 2 OF 6

Solid-organ transplant, before listing

`Z94.0–Z94.9 status · clearance precedes listing`

WHY IT MATTERS TO YOUR PLAN

Post-transplant immunosuppression converts an asymptomatic oral infection into a systemic one. Most programs make dental clearance a condition of listing — the failure mode is a patient who reaches the top of the list with it still undone.

WHAT TO REQUEST FROM THE DENTIST

Full exam; diagnosis and treatment of active disease before listing; a dated clearance statement naming the planned transplant; explicit note of any deferred non-urgent treatment. Coverage exists; the clearance just has to be documented. [2]

SCENARIO 3 OF 6

Cardiac valve replacement or valvuloplasty

`I05–I08 · I34–I36 · Z95.2 once valve is in`

WHY IT MATTERS TO YOUR PLAN

Oral bacteremia seeding a prosthetic valve is the mechanism behind prosthetic-valve endocarditis. Eliminating oral infection sources pre-operatively is the prevention step that is actually in your control.

WHAT TO REQUEST FROM THE DENTIST

Resolution of active infection before the OR date; a clearance letter to the surgeon; an antibiotic-prophylaxis plan for the patient's future dental care per AHA guidelines. [2][3]

SCENARIO 4 OF 6

Before you prescribe high-dose antiresorptives

`Denosumab · zoledronic acid · M81.x · oncology dosing`

WHY IT MATTERS TO YOUR PLAN

Medication-related osteonecrosis of the jaw risk rises sharply when extractions happen after high-dose antiresorptive therapy begins. The window to remove hopeless teeth is before the first dose — your prescription is the trigger for the Check.

WHAT TO REQUEST FROM THE DENTIST

Extraction of non-restorable teeth completed, with healing confirmed, before the start date; risk counseling documented. Send the planned drug, dose, and start date with the referral — the dentist should not have to guess. [4]

SCENARIO 5 OF 6

Head and neck radiation, before simulation

`C00–C14 · Z51.0 · field and dose decide the stakes`

WHY IT MATTERS TO YOUR PLAN

Radiation to the jaws permanently impairs healing; post-RT extraction in the field risks osteoradionecrosis, a problem with no good fix. Questionable teeth come out before RT, with healing time — which means the referral has to happen at simulation planning, not the week of treatment.

WHAT TO REQUEST FROM THE DENTIST

Send the planned field and dose with the referral. Ask for: extractions completed with healing before RT start, fluoride carrier trays, and a follow-up protocol. Post-RT, note that a denture can be medically necessary for nutrition — say so in the chart. [1]

SCENARIO 6 OF 6

The clearance letter itself — what "cleared" must contain

One page · signed · dated · specific

WHY IT MATTERS TO YOUR PLAN

"Seen, OK" is not a clearance — it will not survive a chart audit, a payer review, or a complication conference. The letter is the artifact your team actually needs, and you are allowed to specify it.

WHAT TO REQUEST FROM THE DENTIST

Exam date; diagnoses with codes; treatment completed and treatment deferred (and why); an explicit statement — "no active oral infection" or the named exception; the planned procedure it clears; the dentist's direct contact. The Packet's templates do this for them. [5]

PART II

Per-scenario referral checklists

One page's worth of checkboxes per scenario, written for your coordinator to run at the point of referral. The clearance letter (Part III) is the last box on every list — track that it actually comes back.

Checklist 1 — Before Chemotherapy or HSCT Conditioning

Codes: Z51.11 · route via Z01.81

- [ ] Dental referral placed, date: _____
- [ ] Conditioning / neutropenic window start date sent with referral: _____
- [ ] Confirm dentist has scheduled exam with radiographs
- [ ] Confirm likely infection sources are being stabilized before conditioning
- [ ] Confirm any extractions are timed to allow healing ahead of the neutropenic window
- [ ] Dated clearance note received back, with treatment dates
- [ ] Clearance note reviewed and filed in chart
- [ ] Conditioning start date confirmed clear to proceed

Checklist 2 — Solid-Organ Transplant, Before Listing

Codes: Z94.0–Z94.9

- [ ] Dental referral placed, date: _____
- [ ] Planned transplant / organ named on referral
- [ ] Confirm full exam scheduled
- [ ] Confirm active disease is being diagnosed and treated before listing
- [ ] Dated clearance statement received, naming the planned transplant
- [ ] Any deferred non-urgent treatment noted explicitly on the letter
- [ ] Clearance letter reviewed and filed in chart
- [ ] Listing status updated to reflect dental clearance complete

Checklist 3 — Cardiac Valve Replacement or Valvuloplasty

Codes: I05–I08 · I34–I36 · Z95.2

- [ ] Dental referral placed, date: _____
- [ ] OR date sent with referral: _____
- [ ] Confirm active oral infection is being resolved before OR date
- [ ] Clearance letter received addressed to surgeon
- [ ] Antibiotic-prophylaxis plan for future dental care received, per AHA guidelines
- [ ] Clearance letter reviewed and filed in chart
- [ ] Surgical team notified clearance is complete

Checklist 4 — Before Prescribing High-Dose Antiresorptives

Codes: Denosumab · zoledronic acid · M81.x

- [ ] Dental referral placed, date: _____
- [ ] Planned drug, dose, and start date sent with referral: _____
- [ ] Confirm non-restorable teeth identified by dentist
- [ ] Confirm extractions completed with healing confirmed before start date
- [ ] MRONJ risk counseling documentation received
- [ ] Clearance letter reviewed and filed in chart
- [ ] First dose scheduled only after clearance confirmed

Checklist 5 — Head & Neck Radiation, Before Simulation

Codes: C00–C14 · Z51.0

- [ ] Dental referral placed at simulation planning (not treatment week), date: _____
- [ ] Planned field and dose sent with referral: _____
- [ ] Confirm extractions in field completed with healing time before RT start
- [ ] Confirm fluoride carrier trays fabricated and dispensed
- [ ] Follow-up protocol received
- [ ] If prosthesis anticipated post-RT: functional deficit noted in chart in medical terms
- [ ] Clearance/coordination letter reviewed and filed
- [ ] RT start date confirmed clear to proceed

Checklist 6 — Verifying the Clearance Letter Itself

One page · signed · dated · specific

- [ ] Exam date present on letter
- [ ] Diagnoses with codes present
- [ ] Treatment completed listed
- [ ] Treatment deferred listed, with reason
- [ ] Explicit status statement present ("no active oral infection" or named exception)
- [ ] Planned procedure it clears is named
- [ ] Dentist's direct contact information present
- [ ] Letter signed and dated
- [ ] If any box above is unchecked: sent back for completion before proceeding

PART III

MD ↔ DDS coordination letter templates

One referral-request letter and one clearance-verification template. Give the request letter to your coordinator to send with every dental referral; use the verification template as a checklist against whatever comes back.

Template A — Referral Request Letter (to the dentist)

Send with every dental-clearance referral so the dentist has what they need without a follow-up call.

Date: _____

Dear Dr. _____,

Our patient, _____, is being referred to your office for dental clearance prior to _____ (planned treatment/procedure), planned for _____ (date).

Relevant diagnosis: _____.

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

Timeline constraint — clearance needed by: _____.

Please send back a signed, dated clearance letter confirming: exam date, diagnoses with codes, treatment completed and deferred (and why), an explicit statement of oral infection status, the procedure this clears, and your direct contact information.

Sincerely,

_____ MD

Practice: _____

Phone/fax: _____ Date: _____

Template B — Clearance Received: Verification Note (for the chart)

Use to document, in your own chart, that a clearance letter was received and reviewed before proceeding.

Date: _____

Clearance letter received from Dr. _____ (dentist), dated _____, regarding patient _____.

Letter confirms: _____ (status — no active oral infection / named exception).

Treatment deferred by dentist, if any, and reason: _____.

Reviewed and accepted as sufficient to proceed with _____ on _____.

Reviewed by:

_____ MD

Date: _____

Template C — Follow-Up Request (incomplete clearance)

Use when a clearance letter comes back missing required elements (see Checklist 6).

Date: _____

Dear Dr. _____,

Thank you for the clearance letter regarding _____ dated _____. Before we can proceed with _____, we need the following added or clarified:

Missing/unclear item(s): _____.

Our planned start date is _____ — please advise if this timeline needs to change.

Sincerely,

_____ MD

Practice: _____

Phone/fax: _____ Date: _____

PART IV

KX / ICD quick-reference coding sheet

A reference for what the dental side needs to support their claim — so it doesn't bounce and your patient doesn't get a surprise balance. Not billing advice; confirm current code sets and payer-specific rules.

Scenario → Code Cross-Walk

1. Chemo / HSCT pre-conditioning	— Z51.11 · route via Z01.81
2. Solid-organ transplant, before listing	— Z94.0–Z94.9
3. Cardiac valve replacement	— I05–I08 · I34–I36 · Z95.2
4. High-dose antiresorptives (MRONJ)	— M81.x · oncology dosing (denosumab / zoledronic acid)
5. Head/neck radiation, before simulation	— C00–C14 · Z51.0
6. Clearance letter itself	— no procedure code; documentation standard only

Sending the diagnosis, drug/dose, or field/dose with your referral (per Template A) is what lets the dental side attach the right code and KX attestation to their own claim — a missing piece here is the most common reason a dental clearance claim bounces.

PART V

References

Same reference list published at premedicalcheck.com.

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

[2] 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).

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

[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); 42 C.F.R. § 411.15(i)(3).