

eBox 1. American Heart Association 2007 definition of those at high risk of developing infective endocarditis and who should receive antibiotic prophylaxis before invasive dental procedures.*

Those for Whom Antibiotic Prophylaxis Is Recommended According to the 2007 American Heart Association Guidelines

High risk

- Prosthetic cardiac valve or prosthetic material used for valve repair
- Previous infective endocarditis
- Unrepaired cyanotic CHD,[†] including palliative shunts and conduits
- Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention during the first 6 months after the procedure
- Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch
- Cardiac transplantation recipients who develop cardiac valvulopathy

*Source: Wilson and colleagues.⁴ † CHD: Congenital heart disease.

eTable 1. *International Classification of Diseases*, Ninth Revision, Clinical Modification diagnosis and procedure codes and Current Procedural Terminology outpatient procedure codes used to identify high-risk cardiac conditions.*

CARDIAC CONDITION	ICD-9-CM CODES (AND CPT OUTPATIENT PROCEDURE CODES)
Previous IE	ICD-9-CM diagnostic codes 4210 acute and subacute bacterial endocarditis 4211 acute and subacute infective endocarditis (in diseases classified elsewhere) 4219 acute endocarditis, unspecified
Prosthetic Cardiac Valve	ICD-9-CM procedure codes: 3505 endovascular replacement of aortic valve 3506 transapical replacement of aortic valve 3507 endovascular replacement of pulmonary valve 3508 transapical replacement of pulmonary valve 3509 endovascular replacement of unspecified heart valve 3520 open and other replacement of unspecified heart valve 3521 open and other replacement of aortic valve with tissue graft 3522 open and other replacement of aortic valve 3523 open and other replacement of mitral valve with tissue graft 3524 open and other replacement of mitral valve 3525 open and other replacement of pulmonary valve with tissue graft 3526 open and other replacement of pulmonary valve 3527 open and other replacement of tricuspid valve with tissue graft 3528 open and other replacement of tricuspid valve 3583 total repair of truncus arteriosus CPT procedure codes 0256T Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach 0257T Implantation of catheter-delivered prosthetic aortic heart valve; open thoracic approach (eg, transapical, transventricular) 0258T Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass 0268T Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach 0318T Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach (eg, transapical, other than transaortic) 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach 33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach 33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach 33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach 33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) 33366 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) 33405 Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve 33406 Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand) 33410 Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve 33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus 33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure) 33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure) 33430 Replacement, mitral valve, with cardiopulmonary bypass 33465 Replacement, tricuspid valve, with cardiopulmonary bypass 33475 Replacement, pulmonary valve 33477 Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed 33496 Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure) ICD-9-CM diagnostic codes 99602 mechanical complication due to heart valve prosthesis

* Patients at high-risk of developing infective endocarditis (IE) were identified by determining whether they had been diagnosed with a high-risk condition (*International Classification of Diseases*, Ninth Revision, Clinical Modification [ICD-9-CM] codes) or undergone a high-risk procedure (ICD-9-CM or Current Procedural Terminology [CPT] codes) at any time before they first developed IE or at anytime for those who did not develop IE during the study period (within the available health care records for that patient). † Because the American Heart Association guidelines consider patients with congenital heart disease repaired with prosthetic material to be high risk only for the first 6 months after the procedure, they were treated as high risk for the first 6 months after the procedure only. Source: Centers for Disease Control and Prevention.¹¹ American Medical Association.¹³

eTable 1. Continued

CARDIAC CONDITION	ICD-9-CM CODES (AND CPT OUTPATIENT PROCEDURE CODES)
	99671 other complications due to heart valve prosthesis v433 heart valve replaced by other means
Prosthetic Material Used for Valve Repair	<p>ICD-9-CM procedure codes</p> <p>3533 annuloplasty</p> <p>3597 percutaneous mitral valve repair with implant</p> <p>CPT procedure codes</p> <p>0343T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis</p> <p>0344T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)</p> <p>33391 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)</p> <p>33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis</p> <p>33419 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)</p> <p>33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring</p> <p>33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring</p> <p>33464 Valvuloplasty, tricuspid valve; with ring insertion</p> <p>33468 Tricuspid valve repositioning and plication for Ebstein anomaly</p> <p>33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection</p> <p>33600 Closure of atrioventricular valve (mitral or tricuspid) by suture or patch</p> <p>33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch</p> <p>33612 Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction</p> <p>33860 Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed</p> <p>33861 Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction</p> <p>33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)</p> <p>33864 Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)</p>
Unrepaired Cyanotic Congenital Heart Disease	<p>ICD-9-CM diagnostic codes</p> <p>7450 common truncus</p> <p>74510 complete transposition of great vessels</p> <p>74511 double outlet right ventricle</p> <p>74519 other transposition of great vessels</p> <p>7452 tetralogy of Fallot</p> <p>7453 common ventricle</p> <p>74560 endocardial cushion defects</p> <p>7457 cor biloculare</p> <p>74741 total anomalous pulmonary venous connection</p>
Congenital Heart Condition in Whom a Palliative Shunt or Conduit Has Been Used	<p>ICD-9-CM procedure codes</p> <p>3541 enlargement of existing arterial septal defect</p> <p>3542 creation of septal defect in heart</p> <p>3591 interatrial transposition of venous return</p> <p>3592 creation of conduit between right ventricle and pulmonary artery</p> <p>3593 creation of conduit between left ventricle and aorta</p> <p>3594 creation of conduit between atrium and pulmonary artery</p>

CARDIAC CONDITION	ICD-9-CM CODES (AND CPT OUTPATIENT PROCEDURE CODES)
	390 systemic to pulmonary shunt
	3921 caval-pulmonary artery anastomosis
	CPT procedure codes
	33404 Construction of apical-aortic conduit
	33606 Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
	33608 Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
	33610 Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
	33611 Repair of double outlet right ventricle with intraventricular tunnel repair;
	33612 Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
	33615 Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
	33617 Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
	33619 Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
	33697 Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
	33735 Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
	33736 Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
	33737 Atrial septectomy or septostomy; open heart, with inflow occlusion
	33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
	33755 Shunt; ascending aorta to pulmonary artery (Waterston type operation)
	33762 Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
	33764 Shunt; central, with prosthetic graft
	33766 Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
	33767 Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
	33768 Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
	33774 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
	33775 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
	33776 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
	33777 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
	33782 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
	33783 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
	33786 Total repair, truncus arteriosus (Rastelli type operation)
	33918 Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass
	33920 Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
	92992 Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
	92993 Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)

eTable 1. Continued

CARDIAC CONDITION	ICD-9-CM CODES (AND CPT OUTPATIENT PROCEDURE CODES)
Completely Repaired Congenital Heart Disease Defect With Prosthetic Material or Device, Whether Placed Via Surgery or Catheter Intervention, During First 6 Months After the Procedure Only[†]	<p>ICD-9-CM procedure codes</p> <p>3550 repair of unspecified septal defect of heart with prosthesis</p> <p>3551 repair of atrial septal defect with prosthesis, open technique</p> <p>3552 repair of atrial septal defect with prosthesis, closed technique</p> <p>3553 repair of ventricular septal defect with prosthesis, open technique</p> <p>3554 repair of endocardial cushion defect with prosthesis</p> <p>3555 repair of ventricular septal defect with prosthesis, closed technique</p> <p>3560 repair of unspecified septal defect of heart with tissue graft</p> <p>3561 repair of atrial septal defect with tissue graft</p> <p>3562 repair of ventricular septal defect with tissue graft</p> <p>3563 repair of endocardial cushion defect with tissue graft</p> <p>3570 other and unspecified repair of unspecified septal defect of heart</p> <p>3571 other and unspecified repair of atria septal defect</p> <p>3572 other and unspecified repair of ventricular septal defect</p> <p>3573 other and unspecified repair of endocardial cushion defect</p> <p>3581 total repair of tetralogy of Fallot</p> <p>3582 total repair of total anomalous pulmonary venous connection</p> <p>3584 total correction of transposition of great vessels</p> <p>3598 other operations on septa of heart</p> <p>CPT procedure codes</p> <p>0166T Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass</p> <p>0167T Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass</p> <p>33545 Repair of postinfarction ventricular septal defect, with or without myocardial resection</p> <p>33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch</p> <p>33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage</p> <p>33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure</p> <p>33660 Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair</p> <p>33665 Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair</p> <p>33670 Repair of complete atrioventricular canal, with or without prosthetic valve</p> <p>33675 Closure of multiple ventricular septal defects;</p> <p>33676 Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)</p> <p>33677 Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset</p> <p>33681 Closure of single ventricular septal defect, with or without patch;</p> <p>33684 Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)</p> <p>33688 Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset</p> <p>33692 Complete repair tetralogy of Fallot without pulmonary atresia;</p> <p>33694 Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch</p> <p>33710 Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect</p> <p>33770 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect</p> <p>33771 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect</p> <p>33778 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);</p> <p>33779 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band</p> <p>33780 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect</p> <p>33781 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction</p> <p>93580 Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant</p> <p>93581 Percutaneous transcatheter closure of a congenital ventricular septal defect with implant</p>

eTable 2. *International Classification of Diseases, Ninth Revision, Clinical Modification* Diagnosis and Procedure Codes and Current Procedural Terminology outpatient procedure codes used to identify moderate-risk cardiac conditions.*

CARDIAC CONDITION	ICD-9-CM CODES
Previous Rheumatic Fever	ICD-9-CM diagnostic codes 390 rheumatic fever without heart involvement 3910 acute rheumatic pericarditis 3911 acute rheumatic endocarditis 3912 acute rheumatic myocarditis 3918 other acute rheumatic heart disease 3919 acute rheumatic heart disease, unspecified 3920 rheumatic chorea with heart involvement 3929 rheumatic chorea without heart involvement 3941 rheumatic mitral insufficiency 3940 mitral stenosis 3942 mitral stenosis with insufficiency 3949 other unspecified mitral disease 3950 rheumatic aortic stenosis 3951 rheumatic aortic insufficiency 3952 rheumatic aortic stenosis with insufficiency 3959 other and unspecified aortic rheumatic diseases 3960 mitral and aortic stenosis 3961 mitral stenosis and aortic insufficiency 3962 mitral insufficiency and aortic stenosis 3963 mitral insufficiency and aortic insufficiency 3968 multiple involvement of mitral and aortic valves 3969 mitral and aortic valve disease unspecified 3970 diseases of tricuspid valve 3971 rheumatic diseases of pulmonary valve 3979 rheumatic diseases of endocardium, valve unspecified 39890 rheumatic heart disease, unspecified 39899 other rheumatic heart diseases
Nonrheumatic Valve Disease	ICD-9-CM diagnostic codes 4240 mitral valve disorders 4241 aortic valve disorders 4242 tricuspid valve disorders specified as non-rheumatic 4243 pulmonary valve disorders
Hypertrophic Cardiomyopathy	ICD-9-CM diagnostic codes 42511 hypertrophic obstructive cardiomyopathy 42518 other hypertrophic cardiomyopathy
Congenital Valve Anomalies	ICD-9-CM diagnostic codes 74600 congenital pulmonary valve anomaly, unspecified 74601 atresia of pulmonary valve, congenital 74602 stenosis of pulmonary valve, congenital 74609 other congenital anomalies of pulmonary valve 7461 tricuspid atresia and stenosis, congenital 7462 Ebstein's anomaly 7463 congenital stenosis of aortic valve 7464 congenital insufficiency of aortic valve 7465 congenital mitral stenosis 7466 congenital mitral insufficiency 7467 hyperplastic left heart syndrome 74681 sub-aortic stenosis 74683 infundibular pulmonic stenosis 74689 other specified congenital heart anomalies of heart

* Patients at moderate risk of developing infective endocarditis (IE) were identified by determining whether they had been diagnosed with a moderate-risk condition (*International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] codes) at any time before they first developed IE or at any time for those who did not develop IE during the study period (within the available health care records for that patient). Source: Centers for Disease Control and Prevention.¹³ American Medical Association.¹³

eBox 2. Dental procedures for which endocarditis prophylaxis is reasonable according to the 2007 American Heart Association guidelines.*

Dental Procedure

- All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.*

*The following procedures and events do not need prophylaxis: routine anesthetic injections through noninfected tissue, obtaining dental radiographs, placement of removable prosthodontic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of primary teeth, and bleeding from trauma to the lips or oral mucosa. Source: Wilson and colleagues.⁴

eTable 3. American Dental Association Code on Dental Procedures and Nomenclature 2017 Codes for identifying invasive dental procedures, effective January 1, 2017.

CODE	PROCEDURE
D0100-D0999 Diagnostic	
Clinical oral evaluations	
D0120 [†]	Periodic oral evaluation-established patient
D0140 [‡]	Limited oral evaluation-problem focused
D0145 [‡]	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver
D0150 [†]	Comprehensive oral evaluation-new or established patient
D0160 [‡]	Detailed and extensive oral evaluation-problem focused, by report
D0170 [‡]	Re-evaluation-limited, problem focused (established patient; not postoperative visit)
D0171 [‡]	Re-evaluation-postoperative office visit
D0180*	Comprehensive periodontal evaluation-new or established patient
Prediagnostic services	
D0190 [‡]	Screening of a patient
D0191 [‡]	Assessment of a patient
Diagnostic imaging	
Image capture with interpretation	
D0210 [‡]	Intraoral-complete series of radiographic images
D0220 [‡]	Intraoral-periapical first radiographic image
D0230 [‡]	Intraoral-periapical each additional radiographic image
D0240 [‡]	Intraoral-occlusal radiographic image
D0250 [‡]	Extraoral-2-dimensional (2D) projection radiographic image created using a stationary radiation source, and detector
D0251 [‡]	Extraoral posterior dental radiographic image
D0270 [‡]	Bite-wing-single radiographic image
D0272 [‡]	Bite-wings-2 radiographic images
D0273 [‡]	Bite-wings-3 radiographic images
D0274 [‡]	Bite-wings-4 radiographic images
D0277 [‡]	Vertical bite-wings-7 to 8 radiographic images
D0290 [‡]	Posterior-anterior or lateral skull and facial bone survey radiographic image
D0310 [‡]	Sialography
D0320 [‡]	Temporomandibular joint (TMJ) arthrogram, including injection
D0321 [‡]	Other TMJ radiographic images, by report
D0322 [‡]	Tomographic survey
D0330 [‡]	Panoramic radiographic image
D0340 [‡]	2D cephalometric radiographic image-acquisition, measurement and analysis
D0350 [‡]	2D oral/facial photographic image obtained intra-orally or extra-orally
D0351 [‡]	3-dimensional (3D) photographic image
D0364 [‡]	Cone beam computed tomography (CT) capture and interpretation with limited field of view – less than 1 whole jaw
D0365 [‡]	Cone beam CT capture and interpretation with field of view of 1 full dental arch – mandible

* Invasive dental procedure that "should" be covered with antibiotic prophylaxis. † Invasive dental procedures that "may" be covered with antibiotic prophylaxis. ‡ Noninvasive. § Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays. ¶ Resin-based composite inlays/onlays must utilize indirect technique. # All codes in this section are ordered alphabetically and not numerically. Source: American Dental Association.¹⁶

eTable 3. Continued

CODE	PROCEDURE
D0366 ⁺	Cone beam CT capture and interpretation with field of view of 1 full dental arch – maxilla, with or without cranium
D0367 ⁺	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368 ⁺	Cone beam CT capture and interpretation for TMJ series including 2 or more exposures
D0369 ⁺	Maxillofacial magnetic resonance imaging (MRI) capture and interpretation
D0370 ⁺	Maxillofacial ultrasound capture and interpretation
D0371 ⁺	Sialoendoscopy capture and interpretation
Image capture only	
D0380 ⁺	Cone beam CT image capture with limited field of view – less than 1 whole jaw
D0381 ⁺	Cone beam CT image capture with field of view of 1 full dental arch – mandible
D0382 ⁺	Cone beam CT image capture with field of view of 1 full dental arch – maxilla, with or without cranium
D0383 ⁺	Cone beam CT image capture with field of view of both jaws; with or without cranium
D0384 ⁺	Cone beam CT image capture for TMJ series including 2 or more exposures
D0385 ⁺	Maxillofacial MRI image capture
D0386 ⁺	Maxillofacial ultrasound image capture
Interpretation and report only	
D0391 ⁺	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
Post processing of image or image sets	
D0393 ⁺	Treatment simulation using 3D image volume
D0394 ⁺	Digital subtraction of 2 or more images or image volumes of the same modality
D0395 ⁺	Fusion of 2 or more 3D image volumes of 1 or more modalities
Tests and examinations	
D0414 ⁺	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0415 ⁺	Collection of microorganisms for culture and sensitivity
D0416 ⁺	Viral culture
D0417 ⁺	Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 ⁺	Analysis of saliva sample
D0422 ⁺	Collection and preparation of genetic sample material for laboratory analysis and report
D0423 ⁺	Genetic test for susceptibility to disease-specimen analysis
D0425 ⁺	Caries susceptibility tests
D0431 ⁺	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460 ⁺	Pulp vitality tests
D0470 ⁺	Diagnostic casts
D0600 ⁺	Nonionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum
D0601 ⁺	Caries risk assessment and documentation, with a finding of low risk
D0602 ⁺	Caries risk assessment and documentation, with a finding of moderate risk

eTable 3. Continued

CODE	PROCEDURE
D0603 [‡]	Caries risk assessment and documentation, with a finding of high risk
Oral pathology laboratory	
D0472*	Accession of tissue, gross examination, preparation and transmission of written report
D0473*	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474*	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0480 [‡]	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0486 [‡]	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0475 [‡]	Decalcification procedure
D0476 [‡]	Special stains for microorganisms
D0477 [‡]	Special stains, not for microorganisms
D0478 [‡]	Immunohistochemical stains
D0479 [‡]	Tissue in-situ hybridization, including interpretation
D0481 [‡]	Electron microscopy
D0482 [‡]	Direct immunofluorescence
D0483 [‡]	Indirect immunofluorescence
D0484 [‡]	Consultation on slides prepared elsewhere
D0485 [‡]	Consultation, including preparation of slides from biopsy material supplied by referring source
D0502 [‡]	Other oral pathology procedures, by report
D0999 [‡]	Unspecified diagnostic procedure, by report
D1000-D1999 Preventive	
Dental prophylaxis	
D1110*	Prophylaxis-adult
D1120*	Prophylaxis-child
Topical fluoride treatment (office procedure)	
D1206 [‡]	Topical application of fluoride varnish
D1208 [‡]	Topical application of fluoride-excluding varnish
Other preventive services	
D1310 [‡]	Nutritional counseling for control of dental disease
D1320 [‡]	Tobacco counseling for the control and prevention of oral disease
D1330 [‡]	Oral hygiene instructions
D1351 [‡]	Sealant-per tooth
D1353 [‡]	Sealant repair-per tooth
D1352 [‡]	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1354 [‡]	Interim caries arresting medicament application
Space maintenance (passive appliances)	
D1510 [‡]	Space maintainer-fixed-unilateral
D1515 [‡]	Space maintainer-fixed-bilateral
D1520 [‡]	Space maintainer-removable-unilateral

eTable 3. Continued

CODE	PROCEDURE
D1525 [†]	Space maintainer-removable-bilateral
D1550 [†]	Re-cement or re-bond space maintainer
D1555 [†]	Removal of fixed space maintainer
D1575 [†]	Distal shoe space maintainer-fixed-unilateral
D1999 [†]	Unspecified preventive procedure, by report
D2000-D2999 Restorative	
Amalgam restorations (including polishing)	
D2140 [†]	Amalgam-1 surface, primary or permanent
D2150 [†]	Amalgam-2 surfaces, primary or permanent
D2160 [†]	Amalgam-3 surfaces, primary or permanent
D2161 [†]	Amalgam-4 or more surfaces, primary or permanent
Resin-based composite restorations-direct	
D2330 [†]	Resin-based composite-1 surface, anterior
D2331 [†]	Resin-based composite-2 surfaces, anterior
D2332 [†]	Resin-based composite-3 surfaces, anterior
D2335 [†]	Resin-based composite-4 or more surfaces or involving incisal angle (anterior)
D2390 [†]	Resin-based composite crown, anterior
D2391 [†]	Resin-based composite-1 surface, posterior
D2392 [†]	Resin-based composite-2 surfaces, posterior
D2393 [†]	Resin-based composite-3 surfaces, posterior
D2394 [†]	Resin-based composite-4 or more surfaces, posterior
Gold foil restorations	
D2410 [†]	Gold foil-1 surface
D2420 [†]	Gold foil-2 surfaces
D2430 [†]	Gold foil-3 surfaces
Inlay/onlay restorations [§]	
D2510 [†]	Inlay-metallic-1 surface
D2520 [†]	Inlay-metallic-2 surfaces
D2530 [†]	Inlay-metallic-3 or more surfaces
D2542 [†]	Onlay-metallic-2 surfaces
D2543 [†]	Onlay-metallic-3 surfaces
D2544 [†]	Onlay-metallic-4 or more surfaces
D2610 [†]	Inlay-porcelain/ceramic-1 surface
D2620 [†]	Inlay-porcelain/ceramic-2 surfaces
D2630 [†]	Inlay-porcelain/ceramic-3 or more surfaces
D2642 [†]	Onlay-porcelain/ceramic-2 surfaces
D2643 [†]	Onlay-porcelain/ceramic-3 surfaces
D2644 [†]	Onlay-porcelain/ceramic-4 or more surfaces
D2650 [†]	Inlay-resin-based composite [‡] -1 surface
D2651 [†]	Inlay-resin-based composite-2 surfaces
D2652 [†]	Inlay-resin-based composite-3 or more surfaces
D2662 [†]	Onlay-resin-based composite-2 surfaces

eTable 3. Continued

CODE	PROCEDURE
D2663 [†]	Onlay-resin-based composite-3 surfaces
D2664 [†]	Onlay-resin-based composite-4 or more surfaces
Crowns-single restorations only	
D2710 [†]	Crown-resin-based composite (indirect)
D2712 [†]	Crown- ³ / ₄ resin-based composite (indirect)
D2720 [†]	Crown-resin with high noble metal
D2721 [†]	Crown-resin with predominantly base metal
D2722 [†]	Crown-resin with noble metal
D2740 [†]	Crown-porcelain/ceramic substrate
D2750 [†]	Crown-porcelain fused to high noble metal
D2751 [†]	Crown-porcelain fused to predominantly base metal
D2752 [†]	Crown-porcelain fused to noble metal
D2780 [†]	Crown-3/4 cast high noble metal
D2781 [†]	Crown-3/4 cast predominantly base metal
D2782 [†]	Crown-3/4 cast noble metal
D2783 [†]	Crown-3/4 porcelain/ceramic
D2790 [†]	Crown-full cast high noble metal
D2791 [†]	Crown-full cast predominantly base metal
D2792 [†]	Crown-full cast noble metal
D2794 [†]	Crown-titanium
D2799 [†]	Provisional crown-further treatment or completion of diagnosis necessary prior to final impression
Other restorative services	
D2990 [‡]	Resin infiltration of incipient smooth surface lesions
D2910 [‡]	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2915 [‡]	Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920 [‡]	Re-cement or re-bond crown
D2921 [‡]	Reattachment of tooth fragment, incisal edge or cusp
D2929 [‡]	Prefabricated porcelain/ceramic crown-primary tooth
D2930 [‡]	Prefabricated stainless steel crown-primary tooth
D2931 [‡]	Prefabricated stainless steel crown-permanent tooth
D2932 [‡]	Prefabricated resin crown
D2933 [‡]	Prefabricated stainless steel crown with resin window
D2934 [‡]	Prefabricated esthetic coated stainless steel crown-primary tooth
D2940 [‡]	Protective restoration
D2941 [‡]	Interim therapeutic restoration-primary dentition
D2949 [‡]	Restorative foundation for an indirect restoration
D2950 [‡]	Core buildup, including any pins when required
D2951 [‡]	Pin retention-per tooth, in addition to restoration
D2952 [‡]	Post and core in addition to crown, indirectly fabricated
D2953 [‡]	Each additional indirectly fabricated post-same tooth
D2954 [‡]	Prefabricated post and core in addition to crown
D2957 [‡]	Each additional prefabricated post-same tooth
D2955 [‡]	Post removal

eTable 3. Continued

CODE	PROCEDURE
D2960 [†]	Labial veneer (resin laminate)-chairside
D2961 [†]	Labial veneer (resin laminate)-laboratory
D2962 [†]	Labial veneer (porcelain laminate)-laboratory
D2971 [†]	Additional procedures to construct new crown under existing partial denture framework
D2975 [†]	Coping
D2980 [†]	Crown repair necessitated by restorative material failure
D2981 [†]	Inlay repair necessitated by restorative material failure
D2982 [†]	Onlay repair necessitated by restorative material failure
D2983 [†]	Veneer repair necessitated by restorative material failure
D2999 [†]	Unspecified restorative procedure, by report
D3000-D3999 Endodontics	
Pulp capping	
D3110 [†]	Pulp cap-direct (excluding final restoration)
D3120 [†]	Pulp cap-indirect (excluding final restoration)
Pulpotomy	
D3220 [†]	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament
D3221 [*]	Pulpal debridement, primary and permanent teeth
D3222 [†]	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
Endodontic therapy on primary teeth	
D3230 [†]	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)
D3240 [†]	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)
Endodontic therapy (including treatment plan, clinical procedures and follow-up care)	
D3310 [*]	Endodontic therapy, anterior tooth (excluding final restoration)
D3320 [*]	Endodontic therapy, bicuspid tooth (excluding final restoration)
D3330 [*]	Endodontic therapy, molar (excluding final restoration)
D3331 [†]	Treatment of root canal obstruction; nonsurgical access
D3332 [*]	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333 [*]	Internal root repair of perforation defects
Endodontic retreatment	
D3346 [*]	Retreatment of previous root canal therapy-anterior
D3347 [*]	Retreatment of previous root canal therapy-bicuspid
D3348 [*]	Retreatment of previous root canal therapy-molar
Apexification/recalcification	
D3351 [*]	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 [*]	Apexification/recalcification-interim medication replacement
D3353 [*]	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)

eTable 3. Continued

CODE	PROCEDURE
Pulpal regeneration	
D3355 [‡]	Pulpal regeneration-initial visit
D3356 [‡]	Pulpal regeneration-interim medication replacement
D3357 [‡]	Pulpal regeneration-completion of treatment
Apicoectomy/periradicular services	
D3410*	Apicoectomy-anterior
D3421*	Apicoectomy-bicuspid (first root)
D3425*	Apicoectomy-molar (first root)
D3426*	Apicoectomy (each additional root)
D3427*	Periradicular surgery without apicoectomy
D3428*	Bone graft in conjunction with periradicular surgery – per tooth, single site
D3429*	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
D3430*	Retrograde filling-per root
D3431*	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432*	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D3450*	Root amputation-per root
D3460*	Endodontic endosseous implant
D3470*	Intentional re-implantation (including necessary splinting)
Other endodontic procedures	
D3910*	Surgical procedure for isolation of tooth with rubber dam
D3920*	Hemisection (including any root removal), not including root canal therapy
D3950 [‡]	Canal preparation and fitting of preformed dowel or post
D3999 [‡]	Unspecified endodontic procedure, by report
D4000-D4999 Periodontics	
Surgical services (including usual postoperative care)	
D4210*	Gingivectomy or gingivoplasty-4 or more contiguous teeth or tooth bounded spaces per quadrant
D4211*	Gingivectomy or gingivoplasty-1 to 3 contiguous teeth or tooth bounded spaces per quadrant
D4212*	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230*	Anatomical crown exposure-4 or more contiguous teeth per quadrant
D4231*	Anatomical crown exposure-1 to 3 teeth per quadrant
D4240*	Gingival flap procedure, including root planing-4 or more contiguous teeth or tooth bounded spaces per quadrant
D4241*	Gingival flap procedure, including root planing-1 to 3 contiguous teeth or tooth bounded spaces per quadrant
D4245*	Apically positioned flap
D4249*	Clinical crown lengthening-hard tissue
D4260*	Osseous surgery (including elevation of a full thickness flap and closure)-4 or more contiguous teeth or tooth bounded spaces per quadrant
D4261*	Osseous surgery (including elevation of a full thickness flap and closure)-1 to 3 contiguous teeth or tooth bounded spaces per quadrant
D4263*	Bone replacement graft-retained natural tooth-first site in quadrant

eTable 3. Continued

CODE	PROCEDURE
D4264*	Bone replacement graft-retained natural tooth-each additional site in quadrant
D4265*	Biologic materials to aid in soft and osseous tissue regeneration
D4266*	Guided tissue regeneration-resorbable barrier, per site
D4267*	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal)
D4268*	Surgical revision procedure, per tooth
D4270*	Pedicle soft tissue graft procedure
D4273*	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
D4283*	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4275*	Nonautogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4285*	Nonautogenous connective tissue graft (including recipient surgical site and donor material)-each additional contiguous tooth, implant, or edentulous tooth position in same graft site
D4274*	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4276*	Combined connective tissue and double pedicle graft, per tooth
D4277*	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft
D4278*	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site
nonsurgical periodontal service	
D4320 [†]	Provisional splinting-intracoronal
D4321 [†]	Provisional splinting-extracoronal
D4341*	Periodontal scaling and root planing-4 or more teeth per quadrant
D4342*	Periodontal scaling and root planing-1 to 3 teeth per quadrant
D4346*	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation
D4355*	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381*	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth
Other periodontal services	
D4910*	Periodontal maintenance
D4920 [†]	Unscheduled dressing change (by someone other than treating dentist or their staff)
D4921*	Gingival irrigation — per quadrant
D4999 [†]	Unspecified periodontal procedure, by report
D5000-D5899 Prosthodontics (Removable)	
Complete dentures (including routine post-delivery care)	
D5110 [†]	Complete denture-maxillary
D5120 [†]	Complete denture-mandibular
D5130 [†]	Immediate denture-maxillary
D5140 [†]	Immediate denture-mandibular

eTable 3. Continued

CODE	PROCEDURE
Partial dentures (including routine post-delivery care)	
D5211 [‡]	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)
D5212 [‡]	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)
D5213 [‡]	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 [‡]	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5221 [‡]	Immediate maxillary partial denture-resin base (including any conventional clasps, rests and teeth)
D5222 [‡]	Immediate mandibular partial denture-resin base (including any conventional clasps, rests and teeth)
D5223 [‡]	Immediate maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 [‡]	Immediate mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 [‡]	Maxillary partial denture-flexible base (including any clasps, rests and teeth)
D5226 [‡]	Mandibular partial denture-flexible base (including any clasps, rests and teeth)
D5281 [‡]	Removable unilateral partial denture-1 piece cast metal (including clasps and teeth)
Adjustments to dentures	
D5410 [‡]	Adjust complete denture-maxillary
D5411 [‡]	Adjust complete denture-mandibular
D5421 [‡]	Adjust partial denture-maxillary
D5422 [‡]	Adjust partial denture-mandibular
Repairs to complete dentures	
D5510 [‡]	Repair broken complete denture base
D5520 [‡]	Replace missing or broken teeth-complete denture (each tooth)
Repairs to partial dentures	
D5610 [‡]	Repair resin denture base
D5620 [‡]	Repair cast framework
D5630 [‡]	Repair or replace broken clasp-per tooth
D5640 [‡]	Replace broken teeth-per tooth
D5650 [‡]	Add tooth to existing partial denture
D5660 [‡]	Add clasp to existing partial denture-per tooth
D5670 [‡]	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671 [‡]	Replace all teeth and acrylic on cast metal framework (mandibular)
Denture rebase procedures	
D5710 [‡]	Rebase complete maxillary denture
D5711 [‡]	Rebase complete mandibular denture
D5720 [‡]	Rebase maxillary partial denture
D5721 [‡]	Rebase mandibular partial denture
Denture relining procedures	
D5730 [‡]	Reline complete maxillary denture (chairside)
D5731 [‡]	Reline complete mandibular denture (chairside)
D5740 [‡]	Reline maxillary partial denture (chairside)

eTable 3. Continued

CODE	PROCEDURE
D5741 [†]	Reline mandibular partial denture (chairside)
D5750 [†]	Reline complete maxillary denture (laboratory)
D5751 [†]	Reline complete mandibular denture (laboratory)
D5760 [†]	Reline maxillary partial denture (laboratory)
D5761 [†]	Reline mandibular partial denture (laboratory)
Interim prosthesis	
D5810 [†]	Interim complete denture (maxillary)
D5811 [†]	Interim complete denture (mandibular)
D5820 [†]	Interim partial denture (maxillary)
D5821 [†]	Interim partial denture (mandibular)
Other removable prosthetic services	
D5850 [†]	Tissue conditioning, maxillary
D5851 [†]	Tissue conditioning, mandibular
D5862 [†]	Precision attachment, by report
D5863 [†]	Overdenture-complete maxillary
D5864 [†]	Overdenture-partial maxillary
D5865 [†]	Overdenture-complete mandibular
D5866 [†]	Overdenture-partial mandibular
D5867 [†]	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875 [†]	Modification of removable prosthesis following implant surgery
D5899 [†]	Unspecified removable prosthodontic procedure, by report
D5900-D5999 Maxillofacial Prosthetics[†]	
D5992 [†]	Adjust maxillofacial prosthetic appliance, by report
D5993 [†]	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report
D5914 [†]	Auricular prosthesis
D5927 [†]	Auricular prosthesis, replacement
D5987 [†]	Commissure splint
D5924 [†]	Cranial prosthesis
D5925 [†]	Facial augmentation implant prosthesis
D5912 [†]	Facial moulage (complete)
D5911 [†]	Facial moulage (sectional)
D5919 [†]	Facial prosthesis
D5929 [†]	Facial prosthesis, replacement
D5951 [†]	Feeding aid
D5934 [†]	Mandibular resection prosthesis with guide flange
D5935 [†]	Mandibular resection prosthesis without guide flange
D5913 [†]	Nasal prosthesis
D5926 [†]	Nasal prosthesis, replacement
D5922 [†]	Nasal septal prosthesis
D5932 [†]	Obturator prosthesis, definitive
D5936 [†]	Obturator prosthesis, interim
D5933 [†]	Obturator prosthesis, modification

eTable 3. Continued

CODE	PROCEDURE
D5931 [‡]	Obturator prosthesis, surgical
D5916 [‡]	Ocular prosthesis
D5923 [‡]	Ocular prosthesis, interim
D5915 [‡]	Orbital prosthesis
D5928 [‡]	Orbital prosthesis, replacement
D5954 [‡]	Palatal augmentation prosthesis
D5955 [‡]	Palatal lift prosthesis, definitive
D5958 [‡]	Palatal lift prosthesis, interim
D5959 [‡]	Palatal lift prosthesis, modification
D5985 [‡]	Radiation cone locator
D5984 [‡]	Radiation shield
D5953 [‡]	Speech aid prosthesis, adult
D5960 [‡]	Speech aid prosthesis, modification
D5952 [‡]	Speech aid prosthesis, pediatric
D5988 [‡]	Surgical splint
D5982 [‡]	Surgical stent
D5937 [‡]	Trismus appliance (not for temporomandibular disorder [TMD] treatment)
Carriers	
D5986 [‡]	Fluoride gel carrier
D5994 [‡]	Periodontal medicament carrier with peripheral seal – laboratory processed
D5983 [‡]	Radiation carrier
D5991 [‡]	Vesiculobullous disease medicament carrier
D5999 [‡]	Unspecified maxillofacial prosthesis, by report
D6000-D6199 Implant Services	
Presurgical services	
D6190 [‡]	Radiographic/surgical implant index, by report
Surgical services	
D6010*	Surgical placement of implant body: endosteal implant
D6011*	Second stage implant surgery
D6012*	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013*	Surgical placement of mini implant
D6040*	Surgical placement: eosteal implant
D6050*	Surgical placement: transosteal implant
D6100*	Implant removal, by report
D6101*	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102*	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
D6103*	Bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104*	Bone graft at time of implant placement

eTable 3. Continued

CODE	PROCEDURE
Implant-supported prosthetics	
Supporting structures	
D6055 [†]	Connecting bar-implant supported or abutment supported
D6056 [†]	Prefabricated abutment-includes modification and placement
D6057 [†]	Custom fabricated abutment-includes placement
D6051 [†]	Interim abutment
D6052 [†]	Semi-precision attachment abutment
Implant/abutment supported removable dentures	
D6110 [‡]	Implant/abutment supported removable denture for edentulous arch-maxillary
D6111 [‡]	Implant/abutment supported removable denture for edentulous arch-mandibular
D6112 [‡]	Implant/abutment supported removable denture for partially edentulous arch-maxillary
D6113 [‡]	Implant/abutment supported removable denture for partially edentulous arch-mandibular
Implant/abutment supported fixed dentures (hybrid)	
D6114 [‡]	Implant/abutment supported fixed denture for edentulous arch-maxillary
D6115 [‡]	Implant/abutment supported fixed denture for edentulous arch-mandibular
D6116 [‡]	Implant/abutment supported fixed denture for partially edentulous arch-maxillary
D6117 [‡]	Implant/abutment supported fixed denture for partially edentulous arch-mandibular
Single crowns, abutment supported	
D6058 [‡]	Abutment supported porcelain/ceramic crown
D6059 [‡]	Abutment supported porcelain fused to metal crown (high noble metal)
D6060 [‡]	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 [‡]	Abutment supported porcelain fused to metal crown (noble metal)
D6062 [‡]	Abutment supported cast metal crown (high noble metal)
D6063 [‡]	Abutment supported cast metal crown (predominantly base metal)
D6064 [‡]	Abutment supported cast metal crown (noble metal)
D6094 [‡]	Abutment supported crown (titanium)
Single crowns, implant supported	
D6065 [†]	Implant supported porcelain/ceramic crown
D6066 [†]	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067 [†]	Implant supported metal crown (titanium, titanium alloy, high noble metal)
Fixed partial denture (FPD), abutment supported	
D6068 [‡]	Abutment supported retainer for porcelain/ceramic FPD
D6069 [‡]	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 [‡]	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 [‡]	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 [‡]	Abutment supported retainer for cast metal FPD (high noble metal)
D6073 [‡]	Abutment supported retainer for cast metal FPD (predominantly base metal)

eTable 3. Continued

CODE	PROCEDURE
D6074 [‡]	Abutment supported retainer for cast metal FPD (noble metal)
D6194 [‡]	Abutment supported retainer crown for FPD (titanium)
Fixed partial denture, implant supported	
D6075 [‡]	Implant supported retainer for ceramic FPD
D6076 [‡]	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077 [‡]	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
Other implant services	
D6080 [*]	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6081 [*]	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6085 [‡]	Provisional implant crown
D6090 [‡]	Repair implant supported prosthesis, by report
D6095 [‡]	Repair implant abutment, by report
D6091 [‡]	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092 [‡]	Re-cement or re-bond implant/abutment supported crown
D6093 [‡]	Re-cement or re-bond implant/abutment supported fixed partial denture
D6199 [‡]	Unspecified implant procedure, by report
D6200-D6999 Prosthodontics (Fixed)	
Fixed partial denture pontics	
D6205 [‡]	Pontic-indirect resin based composite
D6210 [‡]	Pontic-cast high noble metal
D6211 [‡]	Pontic-cast predominantly base metal
D6212 [‡]	Pontic-cast noble metal
D6214 [‡]	Pontic-titanium
D6240 [‡]	Pontic-porcelain fused to high noble metal
D6241 [‡]	Pontic-porcelain fused to predominantly base metal
D6242 [‡]	Pontic-porcelain fused to noble metal
D6245 [‡]	Pontic-porcelain/ceramic
D6250 [‡]	Pontic-resin with high noble metal
D6251 [‡]	Pontic-resin with predominantly base metal
D6252 [‡]	Pontic-resin with noble metal
D6253 [‡]	Provisional pontic-further treatment or completion of diagnosis necessary prior to final impression
Fixed partial denture retainers-inlays/onlays	
D6545 [‡]	Retainer-cast metal for resin bonded fixed prosthesis
D6548 [‡]	Retainer-porcelain/ceramic for resin bonded fixed prosthesis
D6549 [‡]	Resin retainer-for resin bonded fixed prosthesis
D6600 [‡]	Retainer inlay-porcelain/ceramic, 2 surfaces
D6601 [‡]	Retainer inlay-porcelain/ceramic, 3 or more surfaces
D6602 [‡]	Retainer inlay-cast high noble metal, 2 surfaces
D6603 [‡]	Retainer inlay-cast high noble metal, 3 or more surfaces

eTable 3. Continued

CODE	PROCEDURE
D6604 [†]	Retainer inlay-cast predominantly base metal, 2 surfaces
D6605 [†]	Retainer inlay-cast predominantly base metal, 3 or more surfaces
D6606 [†]	Retainer inlay-cast noble metal, 2 surfaces
D6607 [†]	Retainer inlay-cast noble metal, 3 or more surfaces
D6624 [†]	Retainer inlay-titanium
D6608 [†]	Retainer onlay-porcelain/ceramic, 2 surfaces
D6609 [†]	Retainer onlay-porcelain/ceramic, 3 or more surfaces
D6610 [†]	Retainer onlay-cast high noble metal, 2 surfaces
D6611 [†]	Retainer onlay-cast high noble metal, 3 or more surfaces
D6612 [†]	Retainer onlay-cast predominantly base metal, 2 surfaces
D6613 [†]	Retainer onlay-cast predominantly base metal, 3 or more surfaces
D6614 [†]	Retainer onlay-cast noble metal, 2 surfaces
D6615 [†]	Retainer onlay-cast noble metal, 3 or more surfaces
D6634 [†]	Retainer onlay-titanium
Fixed partial denture retainers-crowns	
D6710 [†]	Retainer crown-indirect resin based composite
D6720 [†]	Retainer crown-resin with high noble metal
D6721 [†]	Retainer crown-resin with predominantly base metal
D6722 [†]	Retainer crown-resin with noble metal
D6740 [†]	Retainer crown-porcelain/ceramic
D6750 [†]	Retainer crown-porcelain fused to high noble metal
D6751 [†]	Retainer crown-porcelain fused to predominantly base metal
D6752 [†]	Retainer crown-porcelain fused to noble metal
D6780 [†]	Retainer crown-3/4 cast high noble metal
D6781 [†]	Retainer crown-3/4 cast predominantly base metal
D6782 [†]	Retainer crown-3/4 cast noble metal
D6783 [†]	Retainer crown-3/4 porcelain/ceramic
D6790 [†]	Retainer crown-full cast high noble metal
D6791 [†]	Retainer crown-full cast predominantly base metal
D6792 [†]	Retainer crown-full cast noble metal
D6794 [†]	Retainer crown-titanium
D6793 [†]	Provisional retainer crown-further treatment or completion of diagnosis necessary prior to final impression
Other fixed partial denture services	
D6920 [†]	Connector bar
D6930 [†]	Re-cement or re-bond fixed partial denture
D6940 [†]	Stress breaker
D6950 [†]	Precision attachment
D6980 [†]	Fixed partial denture repair necessitated by restorative material failure
D6985 [†]	Pediatric partial denture, fixed
D6999 [†]	Unspecified fixed prosthodontic procedure, by report
D7000-D7999 Oral and Maxillofacial Surgery	
Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)	
D7111*	Extraction, coronal remnants-deciduous tooth

eTable 3. Continued

CODE	PROCEDURE
D7140*	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210*	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220*	Removal of impacted tooth-soft tissue
D7230*	Removal of impacted tooth-partially bony
D7240*	Removal of impacted tooth-completely bony
D7241*	Removal of impacted tooth-completely bony, with unusual surgical complications
D7250*	Removal of residual tooth roots (cutting procedure)
D7251*	Coronectomy – intentional partial tooth removal
Other surgical procedures	
D7260*	Oroantral fistula closure
D7261*	Primary closure of a sinus perforation
D7270*	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272*	Tooth transplantation (includes re-implantation from 1 site to another and splinting and/or stabilization)
D7280*	Exposure of an unerupted tooth
D7282*	Mobilization of erupted or malpositioned tooth to aid eruption
D7283*	Placement of device to facilitate eruption of impacted tooth
D7285*	Incisional biopsy of oral tissue-hard (bone, tooth)
D7286*	Incisional biopsy of oral tissue-soft
D7287 [‡]	Exfoliative cytological sample collection
D7288 [‡]	Brush biopsy-transepithelial sample collection
D7290*	Surgical repositioning of teeth
D7291*	Transseptal fibrotomy/supra crestal fibrotomy, by report
D7292*	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
D7293*	Placement of temporary anchorage device requiring flap; includes device removal
D7294*	Placement of temporary anchorage device without flap; includes device removal
D7295*	Harvest of bone for use in autogenous grafting procedure
Alveoplasty-preparation of ridge	
D7310*	Alveoplasty in conjunction with extractions-4 or more teeth or tooth spaces, per quadrant
D7311*	Alveoplasty in conjunction with extractions -1 to 3 teeth or tooth spaces, per quadrant
D7320*	Alveoplasty not in conjunction with extractions-4 or more teeth or tooth spaces, per quadrant
D7321*	Alveoplasty not in conjunction with extractions -1 to 3 teeth or tooth spaces, per quadrant
Vestibuloplasty	
D7340*	Vestibuloplasty-ridge extension (secondary epithelialization)
D7350*	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Excision of soft tissue lesions	
D7410*	Excision of benign lesion up to 1.25 cm

eTable 3. Continued

CODE	PROCEDURE
D7411*	Excision of benign lesion greater than 1.25 cm
D7412*	Excision of benign lesion, complicated
D7413*	Excision of malignant lesion up to 1.25 cm
D7414*	Excision of malignant lesion greater than 1.25 cm
D7415*	Excision of malignant lesion, complicated
D7465*	Destruction of lesion(s) by physical or chemical method, by report
Excision of intra-osseous lesions	
D7440*	Excision of malignant tumor-lesion diameter up to 1.25 cm
D7441*	Excision of malignant tumor-lesion diameter greater than 1.25 cm
D7450*	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7451*	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7460*	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7461*	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm
Excision of bone tissue	
D7471*	Removal of lateral exostosis (maxilla or mandible)
D7472*	Removal of torus palatinus
D7473*	Removal of torus mandibularis
D7485*	Reduction of osseous tuberosity
D7490*	Radical resection of maxilla or mandible
Surgical incision	
D7510*	Incision and drainage of abscess-intraoral soft tissue
D7511*	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)
D7520*	Incision and drainage of abscess-extraoral soft tissue
D7521*	Incision and drainage of abscess-extraoral soft tissue-complicated (includes drainage of multiple fascial spaces)
D7530*	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540*	Removal of reaction producing foreign bodies, musculoskeletal system
D7550*	Partial ostectomy/sequestrectomy for removal of vital bone
D7560*	Maxillary sinusotomy for removal of tooth fragment or foreign body
Treatment of closed fractures	
D7610*	Maxilla-open reduction (teeth immobilized, if present)
D7620 [†]	Maxilla-closed reduction (teeth immobilized, if present)
D7630*	Mandible-open reduction (teeth immobilized, if present)
D7640 [†]	Mandible-closed reduction (teeth immobilized, if present)
D7650 [†]	Malar and/or zygomatic arch-open reduction
D7660 [†]	Malar and/or zygomatic arch-closed reduction
D7670 [†]	Alveolus-closed reduction, may include stabilization of teeth
D7671*	Alveolus-open reduction, may include stabilization of teeth
D7680 [†]	Facial bones-complicated reduction with fixation and multiple surgical approaches
Treatment of open fractures	
D7710*	Maxilla-open reduction

eTable 3. Continued

CODE	PROCEDURE
D7720 [†]	Maxilla-closed reduction
D7730*	Mandible-open reduction
D7740 [†]	Mandible-closed reduction
D7750 [†]	Malar and/or zygomatic arch-open reduction
D7760 [†]	Malar and/or zygomatic arch-closed reduction
D7770*	Alveolus-open reduction stabilization of teeth
D7771 [†]	Alveolus-closed reduction stabilization of teeth
D7780 [†]	Facial bones-complicated reduction with fixation and multiple approaches
Reduction of dislocation and management of other temporomandibular joint dysfunctions	
D7810 [‡]	Open reduction of dislocation
D7820 [‡]	Closed reduction of dislocation
D7830 [‡]	Manipulation under anesthesia
D7840 [‡]	Condylectomy
D7850 [‡]	Surgical discectomy, with/without implant
D7852 [‡]	Disc repair
D7854 [‡]	Synovectomy
D7856 [‡]	Myotomy
D7858 [‡]	Joint reconstruction
D7860 [‡]	Arthrotomy
D7865 [‡]	Arthroplasty
D7870 [‡]	Arthrocentesis
D7871 [‡]	Nonarthroscopic lysis and lavage
D7872 [‡]	Arthroscopy-diagnosis, with or without biopsy
D7873 [‡]	Arthroscopy: lavage and lysis of adhesions
D7874 [‡]	Arthroscopy: disc repositioning and stabilization
D7875 [‡]	Arthroscopy: synovectomy
D7876 [‡]	Arthroscopy: discectomy
D7877 [‡]	Arthroscopy: debridement
D7880 [‡]	Occlusal orthotic device, by report
D7881 [‡]	Occlusal orthotic device adjustment
D7899 [‡]	Unspecified TMD therapy, by report
Repair of traumatic wounds	
D7910 [‡]	Suture of recent small wounds up to 5 cm
Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)	
D7911 [‡]	Complicated suture-up to 5 cm
D7912 [‡]	Complicated suture-greater than 5 cm
Other repair procedures	
D7920 [‡]	Skin graft (identify defect covered, location and type of graft)
D7921 [‡]	Collection and application of autologous blood concentrate product
D7940 [‡]	Osteoplasty-for orthognathic deformities
D7941*	Osteotomy-mandibular rami
D7943*	Osteotomy-mandibular rami with bone graft; includes obtaining the graft
D7944*	Osteotomy-segmented or subapical

eTable 3. Continued

CODE	PROCEDURE
D7945*	Osteotomy-body of mandible
D7946*	LeFort I (maxilla-total)
D7947*	LeFort I (maxilla-segmented)
D7948*	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft
D7949*	LeFort II or LeFort III-with bone graft
D7950*	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous, by report
D7951 [†]	Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952*	Sinus augmentation via a vertical approach
D7953*	Bone replacement graft for ridge preservation-per site
D7955*	Repair of maxillofacial soft and/or hard tissue defect
D7960*	Frenulectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another procedure
D7963*	Frenuloplasty
D7970*	Excision of hyperplastic tissue-per arch
D7971*	Excision of pericoronal gingiva
D7972*	Surgical reduction of fibrous tuberosity
D7980 [†]	Sialolithotomy
D7981*	Excision of salivary gland, by report
D7982*	Sialodochoplasty
D7983*	Closure of salivary fistula
D7990 [†]	Emergency tracheotomy
D7991*	Coronoidectomy
D7995 [†]	Synthetic graft-mandible or facial bones, by report
D7996*	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D7997*	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998*	Intraoral placement of a fixation device not in conjunction with a fracture
D7999 [†]	Unspecified oral surgery procedure, by report
D8000-D8999 Orthodontics	
Limited orthodontic treatment	
D8010 [†]	Limited orthodontic treatment of the primary dentition
D8020 [†]	Limited orthodontic treatment of the transitional dentition
D8030 [†]	Limited orthodontic treatment of the adolescent dentition
D8040 [†]	Limited orthodontic treatment of the adult dentition
Interceptive orthodontic treatment	
D8050 [†]	Interceptive orthodontic treatment of the primary dentition
D8060 [†]	Interceptive orthodontic treatment of the transitional dentition
Comprehensive orthodontic treatment	
D8070 [†]	Comprehensive orthodontic treatment of the transitional dentition
D8080 [†]	Comprehensive orthodontic treatment of the adolescent dentition
D8090 [†]	Comprehensive orthodontic treatment of the adult dentition

eTable 3. Continued

CODE	PROCEDURE
Minor treatment to control harmful habits	
D8210 [‡]	Removable appliance therapy
D8220 [‡]	Fixed appliance therapy
Other orthodontic services	
D8660 [‡]	Pre-orthodontic treatment examination to monitor growth and development
D8670 [‡]	Periodic orthodontic treatment visit
D8680 [‡]	Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 [‡]	Removable orthodontic retainer adjustment
D8690 [‡]	Orthodontic treatment (alternative billing to a contract fee)
D8691 [‡]	Repair of orthodontic appliance
D8692 [‡]	Replacement of lost or broken retainer
D8693 [‡]	Re-cement or re-bond fixed retainer
D8694 [‡]	Repair of fixed retainers, includes reattachment
D8999 [‡]	Unspecified orthodontic procedure, by report
D9000-D9999 Adjunctive General Services	
Unclassified treatment	
D9110 [‡]	Palliative (emergency) treatment of dental pain-minor procedure
D9120 [‡]	Fixed partial denture sectioning
Anesthesia	
D9210 [‡]	Local anesthesia not in conjunction with operative or surgical procedures
D9211 [‡]	Regional block anesthesia
D9212 [‡]	Trigeminal division block anesthesia
D9215 [‡]	Local anesthesia in conjunction with operative or surgical procedures
D9219 [‡]	Evaluation for deep sedation or general anesthesia
D9223 [‡]	Deep sedation/general anesthesia-each 15-minute increment
D9230 [‡]	Inhalation of nitrous oxide/analgesia, anxiolysis
D9243 [‡]	Intravenous moderate (conscious) sedation/analgesia-each 15-minute increment
D9248 [‡]	Nonintravenous conscious sedation
Professional consultation	
D9310 [‡]	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311 [‡]	Consultation with a medical health care professional
Professional visits	
D9410 [‡]	House/extended care facility call
D9420 [‡]	Hospital or ambulatory surgical center call
D9430 [‡]	Office visit for observation (during regularly scheduled hours)-no other services performed
D9440 [‡]	Office visit-after regularly scheduled hours
D9450 [‡]	Case presentation, detailed and extensive treatment planning
Drugs	
D9610 [‡]	Therapeutic parenteral drug, single administration
D9612 [‡]	Therapeutic parenteral drugs, 2 or more administrations, different medications
D9630 [‡]	Drugs or medicaments dispensed in the office for home use

eTable 3. Continued

CODE	PROCEDURE
Miscellaneous services	
D9910 [†]	Application of desensitizing medicament
D9911 [†]	Application of desensitizing resin for cervical and/or root surface, per tooth
D9920 [†]	Behavior management, by report
D9930 [†]	Treatment of complications (post-surgical)-unusual circumstances, by report
D9932 [†]	Cleaning and inspection of removable complete denture, maxillary
D9933 [†]	Cleaning and inspection of removable complete denture, mandibular
D9934 [†]	Cleaning and inspection of removable partial denture, maxillary
D9935 [†]	Cleaning and inspection of removable partial denture, mandibular
D9940 [†]	Occlusal guard, by report
D9941 [†]	Fabrication of athletic mouthguard
D9942 [†]	Repair and/or reline of occlusal guard
D9943 [†]	Occlusal guard adjustment
D9950 [†]	Occlusion analysis-mounted case
D9951 [†]	Occlusal adjustment-limited
D9952 [†]	Occlusal adjustment-complete
D9970 [†]	Enamel microabrasion
D9971 [†]	Odontoplasty 1-2 teeth; includes removal of enamel projections
D9972 [†]	External bleaching-per arch-performed in office
D9973 [†]	External bleaching-per tooth
D9974 [†]	Internal bleaching-per tooth
D9975 [†]	External bleaching for home application, per arch; includes materials and fabrication of custom trays
Nonclinical procedures	
D9985 [†]	Sales tax
D9986 [†]	Missed appointment
D9987 [†]	Cancelled appointment
D9991 [†]	Dental case management-addressing appointment compliance barriers
D9992 [†]	Dental case management-care coordination
D9993 [†]	Dental case management-motivational interviewing
D9994 [†]	Dental case management-patient education to improve oral health literacy
D9999 [†]	Unspecified adjunctive procedure, by report

eTable 4. *International Classification of Diseases, Ninth Revision, Clinical Modification* codes for identifying invasive dental procedures.

CODE	PROCEDURE DESCRIPTION	SHORT DESCRIPTION
2301*	Deciduous tooth extract	Deciduous tooth extract
2309*	Extraction of other tooth	Tooth extraction NEC [§]
2311*	Removal of residual root	Residual root removal
2319*	Other surgical extraction of tooth	Surg tooth extract NEC
232 [†]	Restoration of tooth by filling	Tooth restor by filling
233 [†]	Restoration of tooth by inlay	Tooth restorat by inlay
2341 [†]	Application of crown	Crown application
2342 [†]	Insertion of fixed bridge	Fixed bridge insertion
2343 [†]	Insertion of removable bridge	Insert removable bridge
2349 [†]	Other dental restoration	Dental restoration NEC
235*	Implantation of tooth	Tooth implantation
236*	Prosthetic dental implant	Prosthet dental implant
2370*	Root canal, not otherwise specified	Root canal NOS
2371*	Root canal therapy with irrigation	Root canal w irrigation
2372*	Root canal therapy with apicoectomy	Root canal w apicoectomy
2373*	Apicoectomy	Apicoectomy
240*	Incision of gum or alveolar bone	Gum or alveolar incision
2411*	Biopsy of gum	Gum biopsy
2412*	Biopsy of alveolus	Alveolus biopsy
2419 [‡]	Other diagnostic procedures on teeth, gums, and alveoli	Tooth & gum dx proc NEC
242*	Gingivoplasty	Gingivoplasty
2431*	Excision of lesion or tissue of gum	Gum lesion excision
2432*	Suture of laceration of gum	Suture of gum laceration
2439*	Other operations on gum	Gum operation NEC
244*	Excision of dental lesion of jaw	Exc of dental les of jaw
245*	Alveoloplasty	Alveoloplasty
246*	Exposure of tooth	Exposure of tooth
247 [†]	Application of orthodontic appliance	Orthodon applianc applic
248 [†]	Other orthodontic operation	Other orthodontic operat
2491*	Extension or deepening of buccolabial or lingual sulcus	Exten buccolabial/sulcus
2499*	Other dental operations	Dental operation NEC
2501 [‡]	Closed [needle] biopsy of tongue	Closed biopsy of tongue
2502*	Open biopsy of tongue	Open biopsy of tongue
2509 [‡]	Other diagnostic procedures on tongue	Tongue dx procedure NEC
251*	Excision or destruction of lesion or tissue of tongue	Destruction tongue les
252*	Partial glossectomy	Partial glossectomy
253*	Complete glossectomy	Complete glossectomy
254*	Radical glossectomy	Radical glossectomy
2551*	Suture of laceration of tongue	Suture of tongue lacerat
2559*	Other repair and plastic operations on tongue	Repair of tongue NEC
2591*	Lingual frenotomy	Lingual frenotomy
2592*	Lingual frenectomy	Lingual frenectomy

* Invasive dental procedure that "should" be covered with antibiotic prophylaxis. † Invasive dental procedures that "may" be covered with antibiotic prophylaxis. ‡ Noninvasive. § NEC: Not elsewhere classified. Source: Centers for Disease Control and Prevention.¹¹

eTable 4. Continued

CODE	PROCEDURE DESCRIPTION	SHORT DESCRIPTION
2593*	Lysis of adhesions of tongue	Lysis of tongue adhesion
2594*	Other glossotomy	Other glossotomy
2599*	Other operations on tongue	Tongue operation NEC
260*	Incision of salivary gland or duct	Incis salivary gland/duct
2611 [†]	Closed [needle] biopsy of salivary gland or duct	Clos bx saliv gland/duct
2612*	Open biopsy of salivary gland or duct	Open bx saliv gland/duct
2619*	Other diagnostic procedures on salivary glands and ducts	Saliv gland dx proc NEC
2621*	Marsupialization of salivary gland cyst	Salivary cyst marsupial
2629*	Other excision of salivary gland lesion	Saliv lesion excis NEC
2630*	Sialoadenectomy, not otherwise specified	Sialoadenectomy NOS
2631*	Partial sialoadenectomy	Partial sialoadenectomy
2632*	Complete sialoadenectomy	Complete sialoadenectomy
2641*	Suture of laceration of salivary gland	Suture of saliv gland lac
2642*	Closure of salivary fistula	Salivary fistula closure
2649*	Other repair and plastic operations on salivary gland or duct	Salivary repair NEC
2691 [†]	Probing of salivary duct	Salivary duct probing
2699 [†]	Other operations on salivary gland or duct	Salivary operation NEC
270*	Drainage of face and floor of mouth	Drain face & mouth floor
271*	Incision of palate	Incision of palate
2721*	Biopsy of bony palate	Bony palate biopsy
2722*	Biopsy of uvula and soft palate	Uvula and soft palate bx
2723*	Biopsy of lip	Lip biopsy
2724*	Biopsy of mouth, unspecified structure	Mouth biopsy NOS
2729 [†]	Other diagnostic procedures on oral cavity	Oral cavity dx proc NEC
2731*	Local excision or destruction of lesion or tissue of bony palate	Loc exc bony palate les
2732*	Wide excision or destruction of lesion or tissue of bony palate	Wide exc bony palate les
2741*	Labial frenectomy	Labial frenumectomy
2742*	Wide excision of lesion of lip	Wide excision of lip les
2743*	Other excision of lesion or tissue of lip	Excision of lip les NEC
2749*	Other excision of mouth	Excision of mouth NEC
2751*	Suture of laceration of lip	Suture of lip laceration
2752*	Suture of laceration of other part of mouth	Suture of mouth lac NEC
2753*	Closure of fistula of mouth	Closure of mouth fistula
2754*	Repair of cleft lip	Repair of cleft lip
2755*	Full-thickness skin graft to lip and mouth	Full-thick grft to mouth
2756*	Other skin graft to lip and mouth	Skin graft to mouth NEC
2757*	Attachment of pedicle or flap graft to lip and mouth	Pedicle attach to mouth
2759*	Other plastic repair of mouth	Mouth repair NEC
2761*	Suture of laceration of palate	Suture of palate lacerat
2762*	Correction of cleft palate	Cleft palate correction
2763*	Revision of cleft palate repair	Revis cleft palat repair
2764*	Insertion of palatal implant	Insert palatal implant
2769*	Other plastic repair of palate	Oth plastic repair palat

eTable 4. Continued

CODE	PROCEDURE DESCRIPTION	SHORT DESCRIPTION
2771*	Incision of uvula	Incision of uvula
2772*	Excision of uvula	Excision of uvula
2773*	Repair of uvula	Repair of uvula
2779*	Other operations on uvula	Other uvula operations
2791*	Labial frenotomy	Labial frenotomy
2792*	Incision of mouth, unspecified structure	Mouth incision NOS
2799*	Other operations on oral cavity	Oral cavity ops NEC
9654*	Dental scaling, polishing, and debridement	Dental scaling & debride

eTable 5. American Dental Association Code on Dental Procedures and Nomenclature (CDT) and *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM) red procedure codes, red and yellow procedure codes, and procedure codes for specific types of invasive dental procedure.

ANALYSES	CDT CODES	ICD-9-CM CODES
All Red Invasive Dental Procedure Codes, Those Procedures That “Should” Be Covered By AP[†] According to the 2007 AHA[§] Recommendations	D0180,* D0472-4,* D1110,* D1120,* D3221,* D3310,* D3320,* D3330,* D3332-3,* D3346-8,* D3351-3,* D3410,* D3421,* D3425-32,* D3450,* D3460,* D3470,* D3910,* D3920,* D4210-2,* D4230-1,* D4240-1,* D4245,* D4249,* D4260-1,* D4263-8,* D4270,* D4273-8,* D4283,* D4341-2,* D4346,* D4355,* D4381,* D4910,* D4921,* D6010-3,* D6040,* D6050,* D6080-1,* D6100-4,* D7111,* D7140,* D7210,* D7220,* D7230,* D7240-1,* D7250-1,* D7260-1,* D7270,* D7272,* D7280,* D7282-3,* D7285-6,* D7290-5,* D7310-1,* D7320-1,* D7340,* D7350,* D7410-5,* D7465,* D7440-1,* D7450-1,* D7460-1,* D7471-3,* D7485,* D7490,* D7510-1,* D7520-1,* D7530,* D7540,* D7550,* D7560,* D7610,* D7630,* D7671,* D7710,* D7730,* D7770,* D7941,* D7943-50,* D7952-3,* D7955,* D7960,* D7963,* D7970-2,* D7981-3,* D7991,* D7996-8*	2301,* 2309,* 2311,* 2319,* 235,* 236,* 2370-3,* 240,* 2411-2,* 242,* 2431-2,* 2439,* 244,* 245,* 246,* 2491,* 2499,* 2502,* 251,* 252,* 253,* 254,* 2551,* 2559,* 2591-4,* 2599,* 260,* 2612,* 2621,* 2629-32,* 2641-2,* 2649,* 270,* 271,* 2721-4,* 2731-2,* 2741-3,* 2749,* 2751-7,* 2759,* 2761-4,* 2769,* 2771-3,* 2779,* 2791-2,* 2799,* 9654*
All Yellow Invasive Dental Procedure Codes, Those Procedures That “May” Be Covered by AP According to the 2007 AHA Recommendations	D0120,† D0150,† D2150,† D2160,† D2330-2,† D2335,† D2390,† D2392-4,† D2520,† D2530,† D2542-4,† D2620,† D2630,† D2642-4,† D2651-2,† D2662-4,† D2710,† D2712,† D2720-2,† D2740,† D2750-2,† D2780-3,† D2790-2,† D2794,† D2799,† D2929-34,† D2960-2,† D4999,† D6051-2,† D6055-7,† D6065-7,† D6075-7,† D6545,† D6548-9,† D6600-15,† D6624,† D6634,† D6710,† D6720-2,† D6740,† D6750-2,† D6780-3,† D6790-4,† D7620,† D7640,† D7650,† D7660,† D7670,† D7680,† D7720,† D7740,† D7750,† D7760,† D7771,† D7780†	232,† 233,† 2341,† 2342,† 2343,† 2349†
All Red and Yellow Invasive Dental Procedure Codes, Those Procedures That Either “Should” or “May” be Covered by AP According to the 2007 AHA Recommendations	D0120,† D0150,† D0180,* D0472-4,* D1110,* D1120,* D2150,† D2160-1,† D2330-2,† D2335,† D2390,† D2392-4,† D2520,† D2530,† D2542-4,† D2620,† D2630,† D2642-4,† D2651-2,† D2662-4,† D2710,† D2712,† D2720-2,† D2740,† D2750-2,† D2780-3,† D2790-2,† D2794,† D2799,† D2929-34,† D3221,* D3310,* D3320,* D3330,* D3332-3,* D3346-8,* D3351-3,* D3410,* D3421,* D3425-32,* D3450,* D3460,* D3470,* D3910,* D3920,* D4210-2,* D4230-1,* D4240-1,* D4245,* D4249,* D4260-1,* D4263-8,* D4270,* D4273-8,* D4283,* D4341-2,* D4346,* D4355,* D4381,* D4910,* D4921,* D4999,† D6010-3,* D6040,* D6050,* D6051-2,† D6055-7,† D6065-7,† D6075-7,† D6080-1,† D6100-4,† D6545,† D6548-9,† D6600-15,† D6624,† D6634,† D6710,† D6720-2,† D6740,† D6750-2,† D6780-3,† D6790-4,† D7111,* D7140,* D7210,* D7220,* D7230,* D7240-1,* D7250-1,* D7260-1,* D7270,* D7272,* D7280,* D7282-3,* D7285-6,* D7290-5,* D7310-1,* D7320-1,* D7340,* D7350,* D7410-5,* D7465,* D7440-1,* D7450-1,* D7460-1,* D7471-3,* D7485,* D7490,* D7510-1,* D7520-1,* D7530,* D7540,* D7550,* D7560,* D7610,* D7620,† D7630,* D7640,† D7650,† D7660,† D7670,† D7671,* D7680,† D7710,* D7720,† D7730,* D7740,† D7750,† D7760,† D7770,* D7771,† D7780,† D7941,* D7943-50,* D7952-3,* D7955,* D7960,* D7963,* D7970-2,* D7981-3,* D7991,* D7996-8*	2301,* 2309,* 2311,* 2319,* 232,† 233,† 2341,† 2342,† 2343,† 2349,† 235,* 236,* 2370-3,* 240,* 2411-2,* 242,* 2431-2,* 2439,* 244,* 245,* 246,* 2491,* 2499,* 2502,* 251,* 252,* 253,* 254,* 2551,* 2559,* 2591-4,* 2599,* 260,* 2612,* 2621,* 2629-32,* 2641-2,* 2649,* 270,* 271,* 2721-4,* 2731-2,* 2741-3,* 2749,* 2751-7,* 2759,* 2761-4,* 2769,* 2771-3,* 2779,* 2791-2,* 2799,* 9654*
Codes for Specific Types of Invasive Dental Procedure		
Periodontal probing	D0180,*	None*
All scaling	D1110,* D1120,* D4341-2,* D4346,* D4355,* D4381,* D4910,* D4921,*	9654*
Supra-gingival scaling	D1110,* D1120,*	
Subgingival scaling	D4341-2,* D4346,* D4355,* D4381,* D4910,* D4921,*	
Periodontal surgery	D4210-2,* D4230-1,* D4240-1,* D4245,* D4249,* D4260-1,* D4263-8,* D4270,* D4273-8,* D4283,*	240,* 2411-2,* 242,* 2431-2,* 2439,*
Extractions	D7111,* D7140,* D7210,* D7220,* D7230,* D7240-1,* D7250-1,*	2301,* 2309,* 2311,* 2319,*
Endodontic treatment	D3221,* D3310,* D3320,* D3330,* D3332-3,* D3346-8,* D3351-3,* D3410,* D3421,* D3425-32,* D3450,* D3460,* D3470,* D3910,* D3920,*	2370-3,*
Oral surgery (including biopsy)	D0472-4,* D7260-1,* D7270,* D7272,* D7280,* D7282-3,* D7285-6,* D7290-5,* D7310-1,* D7320-1,* D7340,* D7350,* D7410-5,* D7465,* D7440-1,* D7450-1,* D7460-1,* D7471-3,* D7485,* D7490,* D7510-1,* D7520-1,* D7530,* D7540,* D7550,* D7560,* D7610,* D7630,* D7671,* D7710,* D7730,* D7770,* D7941,* D7943-50,* D7952-3,* D7955,* D7960,* D7963,* D7970-2,* D7981-3,* D7991,* D7996-8*	244,* 245,* 246,* 2491,* 2499,* 2502,* 251,* 252,* 253,* 254,* 2551,* 2559,* 2591-4,* 2599,* 260,* 2612,* 2621,* 2629-32,* 2641-2,* 2649,* 270,* 271,* 2721-4,* 2731-2,* 2741-3,* 2749,* 2751-7,* 2759,* 2761-4,* 2769,* 2771-3,* 2779,* 2791-2,* 2799,*
Implant procedures	D6010-3,* D6040,* D6050,* D6080-1,* D6100-4,*	235,* 236,*
Restorative procedures	D2150,† D2160-1,† D2330-2,† D2335,† D2390,† D2392-4,† D2520,† D2530,† D2542-4,† D2620,† D2630,† D2642-4,† D2651-2,† D2662-4,† D2710,† D2712,† D2720-2,† D2740,† D2750-2,† D2780-3,† D2790-2,† D2794,† D2799,† D2929-34,† D2960-2,†	232,† 233,† 2341,† 2342,† 2343,† 2349,†

* Invasive dental procedure that “should” be covered with antibiotic prophylaxis. † Invasive dental procedures that “may” be covered with antibiotic prophylaxis. ‡ AP: Antibiotic prophylaxis. § AHA: American Heart Association. Source: Centers for Disease Control and Prevention.¹¹ Wilson and Colleagues.⁴