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| **Table S5.** CDT Codes for identifying Invasive Dental Procedures **AMERICAN DENTAL ASSOCIATION CDT-2017 CODE ON DENTAL PROCEDURES AND NOMENCLATURE** |
| **Effective January 1, 2017** |
| **NOTE:**RED Invasive dental procedures that ‘SHOULD’ be covered with AP. YELLOW – Invasive dental procedures that ‘MAY’ be covered with AP. All codes not color highlighted are non-invasive GREEN dental procedures, not recommended for cover by the AHA guidelines |
| **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 three 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 post-operative visit) |
| D0171 | Re-evaluation - post-operative office visit |
| D0180 | Comprehensive periodontal evaluation - new or established patient |
| PRE-DIAGNOSTIC 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 - 2D projection radiographic image created using a stationary radiation source, and detector |
| D0251 | Extraoral posterior dental radiographic image |
| D0270 | Bitewing - single radiographic image |
| D0272 | Bitewings - two radiographic images |
| D0273 | Bitewings - three radiographic images |
| D0274 | Bitewings - four radiographic images |
| D0277 | Vertical bitewings - 7 to 8 radiographic images |
| D0290 | Posterior-anterior or lateral skull and facial bone survey radiographic image                                          |
| D0310 | Sialography |
| D0320 | Temporomandibular joint arthrogram, including injection |
| D0321 | Other temporomandibular joint 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 | 3D photographic image |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible |
| D0366 | Cone beam CT capture and interpretation with field of view of one 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 two or more exposures |
| D0369 | Maxillofacial 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 one whole jaw |
| D0381 |   Cone beam CT image capture with field of view of one full dental arch – mandible |
| D0382 |   Cone beam CT image capture with field of view of one 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 two 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 two or more images or image volumes of the same modality |
| D0395 |   Fusion of two or more 3D image volumes of one 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\* |   Non-ionizing 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 |
| 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 |
| 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 - one surface, primary or permanent |
| D2150 | Amalgam - two surfaces, primary or permanent |
| D2160 | Amalgam - three surfaces, primary or permanent |
| D2161 | Amalgam - four or more surfaces, primary or permanent |
| RESIN-BASED COMPOSITE RESTORATIONS - DIRECT |
| D2330 | Resin-based composite - one surface, anterior |
| D2331 | Resin-based composite - two surfaces, anterior |
| D2332 | Resin-based composite - three surfaces, anterior |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) |
| D2390 | Resin-based composite crown, anterior |
| D2391 | Resin-based composite - one surface, posterior |
| D2392 | Resin-based composite - two surfaces, posterior |
| D2393 | Resin-based composite - three surfaces, posterior |
| D2394 | Resin-based composite - four or more surfaces, posterior |
| GOLD FOIL RESTORATIONS |
| D2410 | Gold foil - one surface |
| D2420 | Gold foil - two surfaces |
| D2430 | Gold foil - three surfaces |
| INLAY/ONLAY RESTORATIONS |
| D2510 | Inlay - metallic - one surface |
| D2520 | Inlay - metallic - two surfaces |
| D2530 | Inlay - metallic - three or more surfaces |
| D2542 | Onlay - metallic - two surfaces |
| D2543 | Onlay - metallic - three surfaces |
| D2544 | Onlay - metallic - four or more surfaces |
| D2610 | Inlay - porcelain/ceramic - one surface |
| D2620 | Inlay - porcelain/ceramic - two surfaces |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces |
| D2642 | Onlay - porcelain/ceramic - two surfaces |
| D2643 | Onlay - porcelain/ceramic - three surfaces |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces |
|  | \*\*Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays. |
| D2650 | Inlay - resin-based composite - one surface |
| D2651 | Inlay - resin-based composite - two surfaces |
| D2652 | Inlay - resin-based composite - three or more surfaces |
| D2662 | Onlay - resin-based composite - two surfaces |
| D2663 | Onlay - resin-based composite - three surfaces |
| D2664 | Onlay - resin-based composite - four or more surfaces |
|  | \*\*Resin-based composite inlays/onlays must utilize indirect technique. |
| CROWNS - SINGLE RESTORATIONS ONLY |
| D2710 | Crown - resin-based composite (indirect) |
| D2712 | Crown - ¾ 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 |
| 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; non-surgical 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.) |
| 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 - four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4211 |   Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4212 |   Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth |
| D4230 |   Anatomical crown exposure - four or more contiguous teeth per quadrant |
| D4231 |   Anatomical crown exposure - one to three teeth per quadrant |
| D4240 |   Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spacesper quadrant |
| D4241 |   Gingival flap procedure, including root planing - one to three 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) - four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4261 |   Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4263 |   Bone replacement graft - retained natural tooth - first site in quadrant |
| 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\* |   Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft |
| D4285\* |   Non-autogenous 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 |
| NON-SURGICAL PERIODONTAL SERVICE |
| D4320 |   Provisional splinting - intracoronal |
| D4321 |   Provisional splinting - extracoronal |
| D4341 |   Periodontal scaling and root planing - four or more teeth per quadrant |
| D4342 |   Periodontal scaling and root planing - one to three 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 |
| 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 - one 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 RELINE PROCEDURES |
| D5730 | Reline complete maxillary denture (chairside) |
| D5731 | Reline complete mandibular denture (chairside) |
| D5740 | Reline maxillary partial denture (chairside) |
| 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** \*All codes in this section are ordered alphabetically and not numerically. |
| 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 |
| 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 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** |
| PRE-SURGICAL 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: eposteal 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 surrounging 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 |
| 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, 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) |
| 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, two surfaces |
| D6601 |   Retainer inlay - porcelain/ceramic, three or more surfaces |
| D6602 |   Retainer inlay - cast high noble metal, two surfaces |
| D6603 |   Retainer inlay - cast high noble metal, three or more surfaces |
| D6604 |   Retainer inlay - cast predominantly base metal, two surfaces |
| D6605 |   Retainer inlay - cast predominantly base metal, three or more surfaces |
| D6606 |   Retainer inlay - cast noble metal, two surfaces |
| D6607 |   Retainer inlay - cast noble metal, three or more surfaces |
| D6624\* |   Retainer inlay - titanium |
| D6608 |   Retainer onlay - porcelain/ceramic, two surfaces |
| D6609 |   Retainer onlay - porcelain/ceramic, three or more surfaces |
| D6610 |   Retainer onlay - cast high noble metal, two surfaces |
| D6611 |   Retainer onlay - cast high noble metal, three or more surfaces |
| D6612 |   Retainer onlay - cast predominantly base metal, two surfaces |
| D6613 |   Retainer onlay - cast predominantly base metal, three or more surfaces |
| D6614 |   Retainer onlay - cast noble metal, two surfaces |
| D6615 |   Retainer onlay - cast noble metal, three 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 & MAXILLOFACIAL SURGERY** |
| EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE) |
| D7111 |   Extraction, coronal remnants - deciduous tooth |
| 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 one 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 fiberotomy/supra crestal fiberotomy, 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 |
| ALVEOLOPLASTY - PREPARATION OF RIDGE |
| D7310 |   Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant |
| D7311 |   Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant |
| D7320 |   Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant |
| D7321 |   Alveoloplasty not in conjunction with extractions - one to three 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 |
| 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 non-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 |
| 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 | Non-arthroscopic 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 |
| 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 |
| 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 | Non-intravenous 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, two or more administrations, different medications |
| D9630 |   Drugs or medicaments dispensed in the office for home use |
| 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 |
| NON-CLINICAL 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 |