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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 spaces  per 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 | | | | | | | |