

## DENTAL SERVICES: CDT CODES

**Approval Date:** May 13, 2020

 This list of codes applies to the policy titled [Dental Services](#).

### APPLICABLE CODES

This list of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

**Coding Clarification:** The following codes have a MPFS (Medicare Physician Fee Schedule) Status Indicator of I (Not valid for Medicare purposes) and are invalid and are not covered.

CDT Code	Description
D0210	Intraoral-complete series of radiographic images [A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone].
D0220	Intraoral-periapical first radiographic image
D0230	Intraoral-periapical each addition 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 images, photographic images obtained intraorally or extraorally [This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images. These photographic images should be part of the patient's clinical record].
D0351	3D photographic image
D1320	Tobacco counseling for control and prevention of oral disease
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth
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 [Involves the excision of the soft tissue wall of the periodontal pocket by either an external or an internal bevel. It is performed to eliminate suprabony pockets after adequate initial preparation, to allow access for restorative dentistry in the presence of suprabony pockets, or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration]
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

CDT Code	Description
D5913	Nasal prosthesis [Synonymous terminology: artificial nose; A removable prosthesis attached to the skin, which artificially restores part or all of the nose. Fabrication of a nasal prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed a nasal prosthesis replacement].
D5914	Auricular prosthesis [Synonymous terminology: artificial ear, ear prosthesis; A removable prosthesis, which artificially restore part of all of the natural ear. Usually, replacement prosthesis can be made from the original mold if tissue bed changes have not occurred. Creation of an auricular prosthesis requires fabrication of a mold, from which additional prostheses usually can be made, as needed later (auricular prosthesis, replacement)].
D5915	Orbital prosthesis [A prosthesis, which artificially restores the eye, eyelids, and adjacent hard and soft tissue, lost as a result of trauma or surgery. Fabrication of an orbital prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed an orbital prosthesis replacement].
D5916	Ocular prosthesis [Synonymous terminology: artificial eye, glass eye; A prosthesis, which artificially replaces an eye missing as a result of trauma, surgery or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle; Ocular prosthesis require semiannual or annual cleaning and polishing. Also, occasional revisions to re-adapt the prosthesis to the tissue bed may be necessary. Glass eyes are rarely made and cannot be re-adapted].
D5919	Facial prosthesis [Synonymous terminology: prosthetic dressing; A removable prosthesis, which artificially replaces a portion of the face, lost due to surgery, trauma or congenital absence. Flexion of natural tissues may preclude adaption and movement of the prosthesis to match the adjacent skin. Salivary leakage, when communicating with the oral cavity, adversely affects retention].
D5922	Nasal septal prosthesis [Synonymous terminology: Septal plug, septal button; Removable prosthesis to occlude (obdurate) a hole within the nasal septal wall. Adverse chemical degradation in this moist environment may require frequent replacement. Silicone prostheses are occasionally subject to fungal invasion].
D5923	Ocular prosthesis, interim [Synonymous terminology: Eye shell, shell, ocular conformer, conformer. A temporary replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish esthetics. Fabrication of an interim ocular prosthesis generally implies subsequent fabrication of an aesthetic ocular prosthesis].
D5924	Cranial prosthesis [Synonymous terminology: Skull plate, cranioplasty prosthesis, cranial implant. A biocompatible, permanently implanted replacement of a portion of the skull bones; an artificial replacement for a portion of the skull bone].
D5925	Facial augmentation implant prosthesis [Synonymous terminology: facial implant. An implantable biocompatible material generally onlayed upon an existing bony area beneath the skin tissue to fill in or collectively raise portions of the overlying facial skin tissues to create acceptable contours].
D5926	Nasal prosthesis, replacement [Synonymous terminology: replacement nose. An artificial nose produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations].
D5927	Auricular prosthesis, replacement [Synonymous terminology: replacement ear. An artificial ear produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations].

CDT Code	Description
D5928	Orbital prosthesis, replacement [A replacement for a previously made orbital prosthesis. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations].
D5929	Facial prosthesis, replacement [A replacement facial prosthesis made from original mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations].
D5931	Obturator prosthesis, surgical [Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator. A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentist prefer to replace many or all teeth removed by the surgical procedure in the surgical obturator while other do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor)].
D5932	Obturator prosthesis, definitive [Synonymous terminology: obturator. A prosthesis, which artificially replaces part or all of the maxilla and associated teeth, lost due to surgery, trauma or congenital defects. A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumor are unlikely and a more permanent prosthetic rehabilitation can be achieved; it is intended for long-term use].
D5933	Obturator prosthesis, modification [Synonymous terminology: adjustment, denture adjustment, temporary or office reline. Revision or alteration of an existing obturator (surgical, interim, or definitive); possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to effect adequate sealing or separation between the nasal and oral cavities].
D5934	Mandibular resection prosthesis with guide flange [Synonymous terminology: resection device, resection appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency].
D5935	Mandibular resection prosthesis without guide flange [A prosthesis which helps guide the partially resected mandible to more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency. Dentists who treat mandibulectomy patients may refer to replace some, all or none of the teeth in the defect area. Frequently, the defect's margins preclude even partial replacement. Use of a guide (a mandibular resection prosthesis with a guide flange) may not be possible due to anatomical limitation or poor patient tolerance. Ramps, extended occlusal arrangements and irregular occlusal positioning relative to the denture foundation frequently preclude stability of the prostheses, and thus some prostheses are poorly tolerated under such adverse circumstances].

CDT Code	Description
D5936	Obturator prosthesis, interim [Synonymous terminology: immediate post-operative obturator. A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae; frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection. Generally, in interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental procedures (e.g., restorations, gingival surgery) as well as to compensate for further tissue shrinkage before a definitive obturator prosthesis is made].
D5937	Trismus appliance (not for TMD treatment) [Synonymous terminology: occlusal device for mandibular trismus, dynamic bite opener. A prosthesis, which assists the patient in increasing their oral aperture width in order to eat as well as maintain oral hygiene. Several version and designs are possible, all intending to ease the sever lack of oral opening experienced by many patients immediately following extensive intraoral surgical procedure].
D5952	Speech aid prosthesis, pediatric [Synonymous terminology: nasopharyngeal obturator, speech appliance, obturator, cleft palate appliance, prosthetic speech aid, speech bulb. A temporary or interim prosthesis used to close a defect in the hard and/or soft palate. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech. Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of the palatalpharyngeal closure (termed a speech aid prosthesis modification). Frequently, such prostheses are not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential]
D5953	Speech aid prosthesis, adult [Synonymous terminology: prosthetic speech appliance, speech aid, speech bulb. A definitive prosthesis, which can improve speech in adult cleft palate patients either by obturating (sealing off) a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency. Generally, this prosthesis is fabricated when no further growth is anticipated and the objective is to achieve long-term use. Hence, more precise materials and techniques are utilized. Occasionally such procedures are accomplished in conjunction with precision attachments in crown work undertaken on some or all maxillary teeth to achieve improved aesthetics].
D5954	Palatal augmentation prosthesis [Synonymous terminology: superimposed prosthesis, maxillary glossectomy prosthesis, maxillary speech prosthesis, palatal drop prosthesis. A removable prosthesis which alters the hard and/or soft tissue palate's topographical form adjacent to the tongue].
D5955	Palatal lift prosthesis, definitive [A prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect. A definitive palatal lift is usually made for patients whose experience with an interim palatal lift has been successful, especially if surgical alterations are deemed unwarranted].
D5958	Palatal lift prosthesis, interim [Synonymous terminology: diagnostic palatal lift; A prosthesis which elevates and assists in restoring soft palate function which may be lost due to clefting, surgery, trauma or unknown paralysis. It is intended for interim use to determine its usefulness in achieving palatapharyngeal competency or enhance swallowing reflexes. This prosthesis is intended for interim use as diagnostic aid to asses the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift on an interim basis may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need].

CDT Code	Description
D5959	Palatal lift prosthesis, modification [Synonymous terminology: revision of lift, adjustment. Alterations in the adaptation, contour, form or function of an existing palatal lift necessitated due to tissue impingement, lack of function, poor clasp adaptation or the like].
D5960	Speech aid prosthesis, modification [Synonymous terminology: adjustment, repair, revision. Any revision of a pediatric or adult speech aid not necessitating its replacement. Frequently, revisions of the obturating sections of any speech aid are required to facilitate enhanced speech intelligibility. Such revisions or repairs do not require complete remaking of the prosthesis, thus extending its longevity].
D5982	Surgical stent [Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissue to facilitate healing and prevent cicatrization of collapse. A surgical stent maybe required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used].
D5988	Surgical splint [Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint; Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splint have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone].
D5992	Adjust maxillofacial prosthetic appliance, by report
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
D5994	Periodontal medicament carrier with peripheral seal-laboratory processed
D5999	Unspecified maxillofacial prosthesis, by report
D6010	Surgical placement of implant body: endosteal implant [Includes second stage surgery and placement of healing cap]
D6011	Second stage implant surgery
D6040	Surgical placement: eposteal implant [An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a peosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum].
D6050	Surgical placement: transosteal implant [A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa provider support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral].
D6055	Dental implant supported connecting bar [A device attached to transmucosal abutments to stabilize and anchor a removable overdenture prosthesis]
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis [This procedure includes a prophylaxis to provide active debriding of the implant and examination of all aspects of the implant system, including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant].
D6090	Repair implant support prosthesis, by report [This procedure involves the repair or replacement of any part of the implant supported prosthesis].
D6095	Repair implant abutment, by report; This procedure involves the repair or replacement of any part of the implant abutment.
D6100	Implant removal, by report [This procedure involves the surgical removal of an implant].

CDT Code	Description
D6101	Debridement of a periimplant 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 periimplant defect; or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces and 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
D6199	Unspecified implant procedure, by report
D7251	Coronectomy-intentional partial tooth removal
D7285	Biopsy of oral tissue-hard (bone, tooth) [For removal of specimen only. This code involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery].
D7286	Biopsy of oral tissue-soft [For surgical removal of an architecturally intact specimen only. This code is not used at the same time as codes for apicoectomy/periradicular curettage].
D7287	Exfoliative cytological sample collection [For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa].
D7295	Harvest of bone for use in autogenous grafting procedures
D7310	Alveoplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7320	Alveoplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)
D7350	Vestibuloplasty-ridge extention (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
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 [Requires extensive undermining with advancement of rotational flap closure].
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 [Requires extensive undermining with advancement of rotational flap closure].
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor-lesion diameter over 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
D7465	Destruction of lesion(s) by physical or chemical method, by report [Examples include using cryo, laser or electro surgery].
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical Reduction of osseous tuberosity
D7490	Radical resection of maxilla or mandible [Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately].
D7510	Incision and drainage of abscess-intraoral soft tissue [Involves incision through mucosa, including periodontal origins].

CDT Code	Description
D7520	Incision and drainage of abscess-extraoral soft tissue [Involves incision through skin].
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
D7540	Removal of reaction producing foreign bodies, musculoskeletal system [May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone].
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone [Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply].
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla-open reduction; (teeth immobilized, if present) [Teeth may be wired, banded or splinted together to prevent movement. Surgical incision required for interosseous fixation].
D7620	Maxilla-closed reduction; (teeth immobilized, if present) [No incision required to reduce fracture. See D7610 if interosseous fixation is applied].
D7630	Mandible-open reduction; (teeth immobilized, if present) [Teeth may be wired, banded or splinted together to prevent movement].
D7640	Mandible-closed reduction; (teeth immobilized, if present) [No incision required to reduce fracture. See D7630 if interosseous fixation is applied].
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 [Teeth may be wired, banded or splinted together to prevent movement].
D7671	Alveolus-open reduction, may include stabilization of teeth [Teeth may be wired, banded or splinted together to prevent movement].
D7680	Facial bones-complicated reduction with fixation and multiple surgical approaches [Facial bones include upper and lower jaw, cheek, and bones around eyes, nose and ears].
D7710	Maxilla-open reduction [Surgical incision required to reduce fracture].
D7720	Maxilla-closed reduction
D7730	Mandible-open reduction [Surgical incision required to reduce fracture].
D7740	Mandible-closed reduction
D7750	Malar and/or zygomatic arch-open reduction [Surgical incision required to reduce fracture].
D7760	Malar and/or zygomatic arch-closed reduction
D7770	Alveolus-open reduction stabilization of teeth [Fractured bone(s) are exposed to mouth or outside the face. Surgical incision required to reduce fracture].
D7771	Alveolus-closed reduction stabilization of teeth [Fractured bone(s) are exposed to mouth or outside the face].
D7780	Facial bones-complicated reduction with fixation and multiple surgical approaches [Surgical incision required to reduce fracture. Facial bones include upper and lower jaw, cheek, and bones around eyes, nose and ears].
D7810	Open reduction of dislocation [Access to TMJ via surgical opening].
D7820	Closed reduction of dislocation [Joint manipulated into place; no surgical exposure].
D7830	Manipulation under anesthesia [Usually done under general anesthesia or intravenous sedation].
D7840	Condylectomy [Surgical removal of all or portion of the mandibular condyle (separate procedure)]
D7850	Surgical discectomy, with/without implant [Excision of the intra-articular disc of a joint].
D7852	Disc repair [Repositioning and/or sculpting of disc; repair of perforated posterior attachment].
D7854	Synovectomy [Excision of a portion or all of the synovial membrane of a joint].

CDT Code	Description
D7856	Myotomy [Cutting of muscle for therapeutic purposes (separate procedure)].
D7858	Joint reconstruction [Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials].
D7860	Arthrotomy [Cutting into joint (separate procedure)].
D7865	Arthroplasty [Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes)].
D7870	Arthrocentesis [Withdrawal of fluid from a joint space by aspiration].
D7872	Arthroscopy-diagnosis, with or without biopsy
D7873	Arthroscopy-surgical: lavage and lysis of adhesions [Removal of adhesions using the arthroscope and lavage of the joint cavities].
D7874	Arthroscopy-surgical: disc repositioning and stabilization [Repositioning and stabilization of disc using arthroscopic techniques].
D7875	Arthroscopy-surgical: synovectomy [Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique].
D7876	Arthroscopy-surgical: discetomy [Removal of disc and remodeled posterior attachment via the arthroscope].
D7877	Arthroscopy-surgical: debridement [Removal of pathologic hard and/or soft tissue using the arthroscope].
D7880	Occlusal orthotic device, by report [Presently includes splints provided for treatment of temporomandibular joint dysfunction].
D7899	Unspecified TMD therapy, by report
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture-up to 5 cm
D7912	Complicated suture-greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7921	Collection and application of autologous blood concentrate product
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site <b>(Effective 01/01/2020)</b>
D7941	Osteotomy-mandibular rami
D7943	Osteotomy-mandibular rami with bone graft [includes obtaining the graft]
D7944	Osteotomy-segmented or subapical [Reports by range of tooth numbers with segment].
D7945	Osteotomy-body of mandible Surgical section of lower jaw. This includes the surgical exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care].
D7946	LeFort I (maxilla-total) [Surgical section of the upper jaw. This includes the surgical exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care].
D7947	LeFort I (maxilla-segmented) [When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be "by report."]
D7948	LeFort II or LeFort III (osteoplasty of facial bone for midface hypoplasia or retrusion)-without bone graft [Surgical section of the upper jaw. This includes the surgical exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care].
D7949	LeFort II or LeFort III-with bone graft [Includes obtaining autografts].
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous, by report [This code may be used for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining autograft and/or allograft material. Placement of a barrier membrane, if used, should be reported separately].



CDT Code	Description
D7955	Repair of maxillofacial soft and/or hard tissue defect [Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedure to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations. See code D7950].
D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure [The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease].
D7970	Excision of hyperplastic tissue-per arch
D7971	Excision of pericoronal gingiva [Surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth].
D7972	Surgical reduction of fibrous tuberosity
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty [Surgical procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct].
D7983	Closure of salivary fistula [Surgical closure of an opening between a salivary duct and/or gland and the cutaneous surface or an opening into the oral cavity through other than the normal anatomic pathway].
D7990	Emergency tracheotomy [Surgical formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange].
D7991	Coronoidectomy [Surgical removal of the coronoid process of the mandible].
D7995	Synthetic graft-mandible or facial bones, by report [Includes allogenic material].
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D7999	Unspecified oral surgery procedure, by report
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
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician [A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services].
D9410	House/extended care facility call [Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed].
D9420	Hospital call [May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed].
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 [Not performed on same day as evaluation].
D9610	Therapeutic parenteral drug, single administration [Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents].

CDT Code	Description
D9985	Sales tax
D9986	Missed appointment
D9987	Cancelled appointment
D9997	Dental case management-patients with special health care needs <b>(Effective 01/01/2020)</b>
D9999	Unspecified adjunctive procedure, by report

**Coding Clarification:** The following codes have a MPFS (Medicare Physician Fee Schedule) Status Indicator of N (Non-covered Service) and are non-covered.

CDT Code	Description
D0120	Periodic oral evaluation-established patient [An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately].
D0140	Limited oral evaluation-problem focused [An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver [Diagnostic and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver].
D0160	Detailed and extensive oral evaluation-problem focused, by report [A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.]
D0170	Re-evaluation-limited, problem focused (established patient; not post-operative visit) [Assessing the status of a previously existing condition].
D0171	Re-evaluation-post-operative office visit
D0180	Comprehensive periodontal evaluation-new or established patient [This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history, oral cancer evaluation and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation].
D0190	Screening of a Patient [A screening, to determine an individual's need to be seen by a dentist for diagnosis].
D0191	Assessment of a patient; A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.
D0273	Bitewings-three radiographic images
D0364	Cone Beam CT capture and interpretation with limited field of view-less than one whole jaw

CDT Code	Description
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
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
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
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
D0411	HbA1c in-office point of service testing
D0412	Blood glucose level test <b>(Effective 01/01/2019)</b>
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report
D0415	Collection of microorganisms
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing
D0418	Analysis of saliva sample [Chemical or biological analysis of saliva sample for diagnostic purposes].
D0419	Assessment of salivary flow by measurement <b>(Effective 01/01/2020)</b>
D0422	Collection and preparation of genetic sample material for laboratory analysis and report
D0423	Genetic test for susceptibility to diseases-specimen analysis
D0425	Caries Susceptibility Tests
D0470	Diagnostic casts [Also known as diagnostic models or study models]
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report [To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique].
D1110	Prophylaxis-Adult [Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors].
D1120	Prophylaxis-Child [Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors].
D1206	Topical application of fluoride varnish [Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization].
D1208	Topical application of fluoride-excluding varnish

CDT Code	Description
D1310	Nutritional counseling for control of dental disease [Counseling on food selection and dietary habit as a part of treatment and control of periodontal disease and caries]
D1320	Tobacco counseling for the control and prevention of oral disease [Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral disease and conditions and improves prognosis for certain dental therapies].
D1330	Oral hygiene instructions [This may include instructions for home care. Examples include tooth brushing technique, flossing, and use of special oral hygiene aids].
D1351	Sealant-per tooth [Mechanically and/or chemically prepared enamel surface sealed to prevent decay].
D1353	Sealant repair-per tooth
D1354	Interim caries arresting medicament application
D1516	Fixed bilateral space maintainer, maxillary <b>(Effective 01/01/2019)</b>
D1517	Fixed bilateral space maintainer, mandibular <b>(Effective 01/01/2019)</b>
D1526	Remove bilateral space maintainer, maxillary <b>(Effective 01/01/2019)</b>
D1527	Remove bilateral space maintainer, mandibular <b>(Effective 01/01/2019)</b>
D1555	Removal of fixed space maintainer [Procedure delivered by dentist who did not originally place the appliance, or by the practice where the appliance was originally delivered to the patient]. <b>(Expired 12/31/2019)</b>
D1556	Removal of fixed unilateral space maintainer-per quadrant <b>(Effective 01/01/2020)</b>
D1557	Removal of fixed bilateral space maintainer-maxillary <b>(Effective 01/01/2020)</b>
D1558	Removal of fixed bilateral space maintainer-mandibular <b>(Effective 01/01/2020)</b>
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
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) [Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth].
D2390	Resin-based composite crown, anterior [Full resin-based composite coverage of tooth].
D2391	Resin-based composite-one surface-posterior [Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure].
D2392	Resin-based composite-two surfaces-posterior
D2393	Resin-based composite-three surfaces-posterior
D2394	Resin-based composite-four or more surfaces-posterior
D2410	Gold foil-one surface
D2420	Gold foil-two surfaces
D2430	Gold foil-three surfaces
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

CDT Code	Description
D2642	Onlay-porcelain/ceramic-two surfaces
D2643	Onlay-porcelain/ceramic-three surfaces
D2644	Onlay-porcelain/ceramic-four or more surfaces
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
D2710	Crown-resin-based composite (indirect)
D2712	Crown-3/4 resin-based composite (indirect)
D2720	Crown-resin with high noble metal
D2721	Crown-resin with predominantly base metal
D2722	Crown-resin with noble metal
D2740	Crown-porcelain/ceramic substrate
D2750	Crown-porcelain fused to high noble metal
D2751	Crown-porcelain fused to predominantly base metal
D2752	Crown-porcelain fused to noble metal
D2753	Crown-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
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 and titanium alloys
D2799	Provisional crown-further treatment or completion of diagnosis necessary prior to final impression [Crown utilized as an interim restoration of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to changing vertical dimension, completing periodontal therapy or cracked-tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration].
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 [Open-face stainless steel crown with aesthetic resin facing or veneer].
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth
D2940	Protective restoration [Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration].
D2941	Interim therapeutic restoration-primary dentition
D2949	Restorative foundation for an indirect restoration

CDT Code	Description
D2950	Core buildup, including any pins when required [Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure. This should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation].
D2951	Pin retention-per tooth, in addition to restoration
D2952	Post and core in addition to crown, indirectly fabricated [Post and core are custom fabricated as a single unit].
D2953	Each additional indirectly fabricated post-same tooth
D2954	Prefabricated post and core in addition to crown [Core is built around a prefabricated post. This procedure includes the core material].
D2955	Post removal [For removal of posts (e.g., fractured posts) not to be used in conjunction with endodontic retreatment (D3346, D3347, D3348)].
D2957	Each additional prefabricated post-same tooth
D2960	Labial veneer (resin laminate)-chairside [Refers to labial/facial direct resin bonded veneers].
D2961	Labial veneer (resin laminate)-laboratory [Refers to labial/facial indirect resin bonded veneers].
D2962	Labial veneer (porcelain laminate)-laboratory [Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers].
D2971	Additional procedures to construct new crown under existing partial denture framework
D2975	Coping [A thin covering of the remaining portion of a tooth, usually fabricated of metal and devoid of anatomic contour. This is to be used as a definitive restoration].
D2980	Crown repair necessitated by restorative material failure [Includes removal of crown, if necessary].
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure
D2990	Resin infiltration of incipient smooth surface lesions
D3110	Pulp cap-direct (excluding final restoration) [Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair].
D3120	Pulp cap-indirect (excluding final restoration) [Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin].
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament [Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing. -To be performed on primary or permanent teeth. -This is not to be construed as the first stage of root canal therapy. -Not to be used for Apexogenesis.]
D3221	Pulpal debridement, primary and permanent teeth [Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day].
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development [Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy].
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration) [Primary incisors and cuspids].

CDT Code	Description
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration) [Primary first and second molars].
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 [In lieu of surgery, for the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root].
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth [Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable].
D3333	Internal root repair of perforation defects [Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim].
D3346	Retreatment of previous root canal therapy-anterior
D3347	Retreatment of previous root canal therapy-bicuspid
D3348	Retreatment of previous root canal therapy-molar
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) [Includes opening tooth, pulpectomy, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure includes first phase of complete root canal therapy.)]
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) [For visits in which the intra-canal medication is replaced with new medication and necessary radiographs. There may be several of these visits].
D3353	Apexification/recalcification-final visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) [Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy)].
D3355	Pulpal regeneration-initial visit
D3356	Pulpal regeneration-interim medication replacement
D3357	Pulpal regeneration-completion of treatment
D3410	Apicoectomy/periradicular surgery-anterior [For surgery on root of anterior tooth. Does not include placement of retrograde filling material].
D3421	Apicoectomy/periradicular surgery-bicuspid (first root) For surgery on one root of a bicuspid. Does not include placement of retrograde filling material. If more than one root is treated, see D3426].
D3425	Apicoectomy/periradicular surgery-molar (first root) [For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426].
D3426	Apicoectomy/periradicular surgery (each additional root) [Typically used for bicuspid and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement].
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 [For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root-report as D3999 and describe].
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery

CDT Code	Description
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery Basic
D3450	Root amputation-per root [Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920].
D3470	Intentional reimplantation (including necessary splinting) [For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement].
D3910	Surgical procedure for isolation of tooth with rubber dam
D3920	Hemisection (including any root removal), not including root canal therapy [Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections].
D3950	Canal preparation and fitting of preformed dowel or post
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 [A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes].
D4245	Apically positioned flap
D4249	Clinical crown lengthening-hard tissue [This procedure is employed to allow restorative procedure or crown with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a flap and is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area].
D4261	Osseous surgery (including elevation of a full thickness flap and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant [This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260, D4261 and should be reported using their own unique codes].
D4265	Biologic materials to aid in soft and osseous tissue regeneration [Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and /or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes].



CDT Code	Description
D4266	Guided tissue regeneration-resorbable barrier, per site [A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure may require subsequent surgical procedures to correct the gingival contours. Guided tissue regeneration may also be carried out in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately with this code. When no tooth is present, each site should be reported separately. Definition for the term "site" precedes code D4210].
D4267	Guided tissue regeneration-non-resorbable barrier, per site (includes membrane removal) [This procedure is used to regenerate lost or injured periodontal tissue by directing differential tissue responses. A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure requires subsequent surgical procedures to remove the membranes and/or to correct the gingival contours. Guided tissue regeneration may be used in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately with this code. When no tooth is present, each site should be reported separately. Definition for the term "site" precedes code D4210].
D4274	Distal or proximal wedge procedure (when not performed in conjunction) [This procedure is performed in an edentulous area adjacent to a periodontally involved tooth. Gingival incisions are utilized to allow removal of tissue wedge to gain access and correct the underlying osseous defect and to permit close flap adaptation].
D4275	Soft tissue allograft [Procedure is performed to create or augment the gingiva, with or without root coverage. This may be used to eliminate the pull of the frena and muscle attachments, to extend the vestibular fornix, and correct localized gingival recession. There is no donor site].
D4276	Combined connective tissue and double pedicle graft, per tooth [Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome].
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
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)-each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4320	Provisional splinting-intracoronal
D4321	Provisional splinting-extracoronal [This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose].
D4341	Periodontal scaling and root planing-four or more teeth per quadrant
D4342	Periodontal scaling and root planing-one to three teeth per quadrant [This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others].
D4346	Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation

CDT Code	Description
D4910	Periodontal maintenance [This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered].
D4920	Unscheduled dressing change (by other than treating dentist or their staff)
D4921	Gingival irrigation-per quadrant
D4999	Unspecified periodontal procedure, by report
D5110	Complete denture-maxillary
D5120	Complete denture-mandibular
D5130	Immediate denture-maxillary
D5140	Immediate denture-mandibular [Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture].
D5211	Maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth)
D5212	Mandibular partial denture-resin base (including rests and teeth)
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5221	Immediate maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth)
D5222	Immediate mandibular partial denture-resin base (including retentive/clasping materials, rests and teeth)
D5223	Immediate maxillary partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5224	Immediate mandibular partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, 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) <b>(Expired 12/31/2018)</b>
D5282	Removable unilateral partial denture-one-piece cast metal (including clasps and teeth), maxillary <b>(Effective 01/01/2019)</b>
D5283	Removable unilateral partial denture-one-piece cast metal (including clasps and teeth), mandibular <b>(Effective 01/01/2019)</b>
D5284	Removable unilateral partial denture-one-piece flexible base (including clasps and teeth)-per quadrant <b>(Effective 01/01/2020)</b>
D5286	Removable unilateral partial denture-one-piece resin (including clasps and teeth)-per quadrant <b>(Effective 01/01/2020)</b>
D5410	Adjust complete denture-maxillary
D5411	Adjust complete denture-mandibular
D5421	Adjust partial denture-maxillary
D5422	Adjust partial denture-mandibular
D5510	Repair broken complete denture base <b>(Expired 12/31/2017)</b>
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth-complete denture (each tooth)
D5610	Repair resin denture base <b>(Expired 12/31/2017)</b>
D5611	Repair resin partial denture base, mandibular

CDT Code	Description
D5612	Repair resin partial denture base, maxillary
D5620	Repair cast framework <b>(Expired 12/31/2017)</b>
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
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)
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
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)
D5810	Interim complete denture (maxillary)
D5811	Interim complete denture (mandibular)
D5820	Interim partial denture (maxillary)
D5821	Interim partial denture (mandibular); Includes any necessary clasps and rests.
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular [Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration].
D5862	Precision attachment, by report [Each set of male and female componets should be reported as one precision attachment].
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 [The modification of existing removable prosthesis is sometimes necessary at the time of implant placement and bone graft surgery and is always necessary at the time of the placement of the healing caps. This code could also be used to report the modification of an existing prosthesis when the abutments are placed and retentive elements are placed into the removable prosthesis, thereby reducing the need for a new prosthesis].
D5876	Add metal substructure to acrylic full denture (per arch) <b>(Effective 01/01/2019)</b>
D5899	Unspecified removable prosthodontic procedure, by report
D5986	Fluoride gel carrier [Synonymous terminology: fluoride applicator; A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily].

CDT Code	Description
D5991	Topical medicament carrier [A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver topical corticosteroids and similar effective medicaments for maximum sustained contact with the alveolar ridge and/or attached gingival tissues for the control and management of immunologically medicated vesiculobullous mucosal, chronic recurrent ulcerative, and other desquamative diseases of the gingival and oral mucosa].
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant {Includes removal during later therapy to accommodate the definitive restoration, which may include placement of other implants}.
D6013	Surgical placement of mini implant
D6051	Interim abutment
D6056	Prefabricated abutment-includes placement [A connection to an implant that is a manufactured component usually made of machine high noble metal, titanium, titanium alloy or ceramic. Modification of a prefabricated abutment may be necessary, and is accomplished by altering its shape using dental burrs/diamonds].
D6057	Custom abutment-includes placement [A connection to an implant that is a fabricated component, usually by a laboratory, specific for an individual application. A custom abutment is typically fabricated using a casting process and usually is made of noble or high noble metal. A 'UCLA abutment' is an example of this type abutment].
D6058	Abutment supported porcelain/ceramic crown [A single crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6059	Abutment supported porcelain fused to metal crown (high noble metal) [A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) [A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6061	Abutment supported porcelain fused to metal crown (noble metal) [A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6062	Abutment supported cast metal crown (high noble metal) [A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6063	Abutment supported cast metal crown (predominantly base metal) [A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6064	Abutment supported cast metal crown (noble metal) [A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented].
D6065	Implant supported porcelain/ceramic crown [A single crown restoration that is retained, supported and stabilized by an implant; may be screw retained or cemented].
D6066	Implant supported crown-porcelain fused to high noble alloys
D6067	Implant supported crown-high noble alloys
D6068	Abutment supported retainer for porcelain/ceramic FPD [A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) [A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may screw retained or cemented].
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) [A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].

CDT Code	Description
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) [A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].
D6072	Abutment supported retainer for cast metal FPD (high noble metal) [A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) [A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].
D6074	Abutment supported retainer for cast metal FPD (noble metal) [A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant; may be screw retained or cemented].
D6075	Implant supported retainer for ceramic FPD [A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant; may be screw retained or cemented].
D6076	Implant supported retainer for FPD-porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD-high noble alloys
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
D6082	Implant supported crown-porcelain fused to predominantly base alloys <b>(Effective 01/01/2020)</b>
D6083	Implant supported crown-porcelain fused to noble alloys <b>(Effective 01/01/2020)</b>
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6085	Provisional implant crown
D6086	Implant supported crown-predominantly base alloys <b>(Effective 01/01/2020)</b>
D6087	Implant supported crown-noble alloys <b>(Effective 01/01/2020)</b>
D6088	Implant supported crown-titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6091	Replacement of semi-precision or precision attachment (male or female component) of the implant/abutment supported prosthesis per attachment [This procedure applies to the replaceable male or female component of the attachment].
D6092	Recement or re-bond implant/abutment supported crown
D6093	Recement or re-bond implant/abutment supported fixed partial denture
D6094	Abutment supported crown-titanium and titanium alloys
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6098	Implant supported retainer-porcelain fused to predominantly base alloys <b>(Effective 01/01/2020)</b>
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys <b>(Effective 01/01/2020)</b>
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary (added-CDT 15)
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular (added-CDT 15)
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary (added-CDT 15)
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular (added-CDT 15)
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary (added-CDT 15)

CDT Code	Description
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular (added-CDT 15)
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary (added-CDT 15)
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular (added-CDT 15)
D6118	Implant/abutment supported interim fixed denture for edentulous arch-mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch-maxillary
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6121	Implant supported retainer for metal FPD-predominantly base alloys <b>(Effective 01/01/2020)</b>
D6122	Implant supported retainer for metal FPD-noble alloys <b>(Effective 01/01/2020)</b>
D6123	Implant supported retainer for metal FPD-titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6190	Radiographic/surgical implant index, by report
D6194	Abutment supported retainer crown for FPD-titanium and titanium alloys
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
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 and titanium alloys
D6240	Pontic-porcelain fused to high noble metal
D6241	Pontic-porcelain fused to predominantly base metal
D6242	Pontic-porcelain fused to noble metal
D6243	Pontic-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
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 [Pontic utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures].
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
D6608	Retainer onlay-porcelain/ceramic, two surfaces
D6609	Retainer onlay-porcelain/ceramic, three or more surfaces

CDT Code	Description
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
D6624	Retainer inlay-titanium
D6634	Retainer onlay-titanium
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
D6753	Retainer crown-porcelain fused to titanium and titanium alloys <b>(Effective 01/01/2020)</b>
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
D6784	Retainer crown 3/4-titanium and titanium alloys <b>(Effective 01/01/2020)</b>
D6790	Retainer crown-full cast high noble metal
D6791	Retainer crown-full cast predominantly base metal
D6792	Retainer crown-full cast noble metal
D6793	Provisional retainer crown [Retainer crown utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures].
D6794	Retainer crown-titanium and titanium alloys
D6930	Re-cement or re-bond fixed partial denture
D6940	Stress breaker [A non-rigid connector].
D6950	Precision attachment [Report attachment separately from crown; a male and female pair constitutes one precision attachment].
D6980	Fixed partial denture repair necessitated by restorative material failure
D6985	Pediatric partial denture, fixed [This prosthesis is used primarily for aesthetic purposes].
D6999	Unspecified fixed prosthodontic procedure, by report
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth [Includes splinting and/or stabilization].
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	Surgical access of an un-erupted tooth [An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted].
D7282	Mobilization of erupted or malpositioned tooth to aid eruption [Procedure is by report]
D7290	Surgical repositioning of teeth [Grafting procedure(s) is/are additional].

CDT Code	Description
D7292	Surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap [Insertion of a temporary skeletal anchorage device that is attached to the bone by screws and requires a surgical flap. Includes device removal].
D7293	Surgical placement: temporary anchorage device requiring surgical flap [Insertion of a device for temporary skeletal anchorage when a surgical flap is required. Includes device removal].
D7294	Surgical placement: temporary anchorage device without surgical flap [Insertion of a device for temporary skeletal anchorage when a surgical flap is not required. Includes device removal].
D7296	Corticotomy-one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy-four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant [The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions. Usually in preparation for a prosthesis or other treatment such as radiation therapy and transplant surgery].
D7871	Non-arthroscopic lysis and lavage [Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space].
D7881	Occlusal orthotic device adjustment
D7951	Sinus augmentation with bone or bone substitutes [The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane, if used, should be reported separately].
D7952	Sinus augmentation via a vertical approach
D7953	Bone replacement graft for ridge preservation-per site [Osseous autograft, allograft or non-osseous graft is placed in an extraction site at the time of extraction to preserve ridge integrity (e.g. clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Membrane, if used should be reported separately].
D7963	Frenuloplasty [Excision of the frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure].
D7979	Non-surgical sialolithotomy
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 [The placement of intermaxillary fixation appliance for documented medically accepted treatments not in association with fractures].
D8010	Limited orthodontic treatment of the primary dentition-Considered under age 19
D8020	Limited orthodontic treatment of the transitional dentition-Considered under age 19
D8030	Limited orthodontic treatment of the adolescent dentition-Considered under age 19
D8040	Limited orthodontic treatment of the adult dentition-Considered under age 19
D8050	Interceptive orthodontic treatment of the primary dentition-Considered under age 19
D8060	Interceptive orthodontic treatment of the transitional dentition-Considered under age 19
D8070	Comprehensive orthodontic treatment of the transitional dentition-Considered under age 19
D8080	Comprehensive orthodontic treatment of the adolescent dentition-Considered under age 19
D8090	Comprehensive orthodontic treatment of the adult dentition-Considered under age 19
D8210	Removable appliance therapy-Considered under age 19 [Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting].
D8220	Fixed appliance therapy [Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting].
D8660	Pre-orthodontic treatment visit-Considered under age 19



CDT Code	Description
D8670	Periodic orthodontic treatment visit (as part of contract)
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))-Considered under age 19
D8681	Removable orthodontic retainer adjustment-Considered under age 19
D8690	Orthodontic treatment [Services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement].
D8691	Repair of orthodontic appliance [Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders]. <b>(Expired 12/31/2019)</b>
D8692	Replacement of lost or broken retainer <b>(Expired 12/31/2019)</b>
D8693	Rebonding or recementing of fixed retainers-Considered under age 19 <b>(Expired 12/31/2019)</b>
D8694	Repair of fixed retainers, includes reattachment <b>(Expired 12/31/2019)</b>
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696	Repair of orthodontic appliance-maxillary <b>(Effective 01/01/2020)</b>
D8697	Repair of orthodontic appliance-mandibular <b>(Effective 01/01/2020)</b>
D8698	Re-cement or re-bond fixed retainer-maxillary <b>(Effective 01/01/2020)</b>
D8699	Re-cement or re-bond fixed retainer-mandibular <b>(Effective 01/01/2020)</b>
D8701	Repair of fixed retainer, includes reattachment-maxillary <b>(Effective 01/01/2020)</b>
D8702	Repair of fixed retainer, includes reattachment-mandibular <b>(Effective 01/01/2020)</b>
D8703	Replacement of lost or broken retainer-maxillary <b>(Effective 01/01/2020)</b>
D8704	Replacement of lost or broken retainer-mandibular <b>(Effective 01/01/2020)</b>
D8999	Unspecified orthodontic procedure, by report
D9120	Fixed partial denture sectioning [Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions].
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies <b>(Effective 01/01/2019)</b>
D9222	Deep sedation/general anesthesia-first 15 minutes
D9223	Deep sedation/general anesthesia-each 15 minute increment
D9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment
D9311	Consultation with medical health care professional
D9612	Therapeutic parenteral drugs, two or more administrations, different medications [Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date].
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites <b>(Effective 01/01/2019)</b>
D9910	Application of desensitizing medicaments [Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations].
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth [Typically reported on a "per visit" basis for application of adhesive resins. This code is not to be used for bases, liners or adhesives used under restorations].
D9920	Behavior management, by report [May be reported in addition to treatment provided. Should be reported in 15-minute increments].

CDT Code	Description
D9932	Cleaning and inspection of a removable complete denture, maxillary [This procedure does not include any adjustments].
D9933	Cleaning and inspection of a removable complete denture, mandibular [This procedure does not include any adjustments].
D9934	Cleaning and inspection of a removable partial denture, maxillary [This procedure does not include any adjustments].
D9935	Cleaning and inspection of a removable partial denture, mandibular [This procedure does not include any adjustments].
D9941	Fabrication of athletic mouthguard
D9942	Repair and/or relines of an occlusal guard
D9943	Occlusal guard adjustment
D9944	Occlusal guard-hard appliance, full arch <b>(Effective 01/01/2019)</b>
D9945	Occlusal guard-soft appliance, full arch <b>(Effective 01/01/2019)</b>
D9946	Occlusal guard-hard appliance, partial arch <b>(Effective 01/01/2019)</b>
D9961	Duplicate/copy patient's records <b>(Effective 01/01/2019)</b>
D9970	Enamel microabrasion [The removal of discolored surface enamel defects resulting from altered mineralization or decalcification of the superficial enamel layer. Submit per treatment visit].
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
D9990	Certified translation or sign-language services-per visit <b>(Effective 01/01/2019)</b>
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
D9995	Teledentistry-synchronous; real-time encounter
D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review

**Coding Clarification:** The following codes have a MPFS (Medicare Physician Fee Schedule) Status Indicator of R (Restricted Coverage) and are not covered if performed primarily for dental related conditions.

CDT Code	Description
D0150	Comprehensive oral evaluation-new or established patient
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
D0274	Bitewings-four radiographic images
D0277	Vertical bitewings-7 to 8 radiographic images
D0416	Viral culture
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

CDT Code	Description
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
D0475	Decalcification procedure
D0476	Special stains for microorganisms
D0477	Special stains, not for microorganisms
D0478	Immunohistochemical stains
D0479	Tissue in-situ hybridization, including interpretation
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
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
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
D0999	Unspecified diagnostic procedure, by report
D1510	Space maintainer-fixed, unilateral-per quadrant. Excludes a distal shoe space maintainer
D1515	Space maintainer-fixed-bilateral <b>(Expired 12/31/2018)</b>
D1520	Space maintainer-removable, unilateral-per quadrant
D1525	Space maintainer-removable-bilateral <b>(Expired 12/31/2018)</b>
D1550	Re-cement or re-bond space maintainer <b>(Expired 12/31/2019)</b>
D1551	E-cement or re-bond bilateral space maintainer-maxillary <b>(Effective 01/01/2020)</b>
D1552	Re-cement or re-bond bilateral space maintainer-mandibular <b>(Effective 01/01/2020)</b>
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant <b>(Effective 01/01/2020)</b>
D1575	Distal shoe space maintainer-fixed-unilateral-per quadrant
D1999	Unspecified preventive procedure, by report
D2999	Unspecified restorative procedure, by report
D3460	Endodontic endosseous implant
D3999	Unspecified endodontic procedure, by report
D4260	Osseous surgery (including elevation of a full thickness flap and closure)-four or more 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
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure

CDT Code	Description
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
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
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
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5951	Feeding aid
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5987	Commissure splint
D6052	Semi-precision attachment abutment
D6920	Connector bar
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)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7283	Placement of device to facilitate eruption of impacted tooth
D7288	Brush biopsy-transepithelial sample collection
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)
D7521	Incision and drainage of abscess-extraoral soft tissue-complicated (includes drainage of multiple fascial spaces)
D7940	Osteoplasty-for orthognathic deformities
D9110	Palliative (emergency) treatment of dental pain-minor procedure
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis
D9248	Non-intravenous conscious sedation
D9630	Drugs or medicaments dispensed in the office for home use
D9930	Treatment of complications (post-surgical)-unusual circumstances, by report
D9940	Occlusal guard, by report <b>(Expired 12/31/2018)</b>
D9950	Occlusion analysis-mounted case
D9951	Occlusal adjustment-limited
D9952	Occlusal adjustment-complete

*CDT® is a registered trademark of the American Dental Association*