

Chapter 1

Code on Dental Procedures and Nomenclature for Pediatric Services

Category of Service Code Series

The CDT Code is organized into twelve categories of service, each with its own series of five-digit alphanumeric codes:

- I. Diagnostic D0100 – D0999
- II. Preventive D1000 – D1999
- III. Restorative D2000 – D2999
- IV. Endodontics D3000 – D3999
- V. Periodontics D4000 – D4999
- VI. Prosthodontics, removable D5000 – D5899
- VII. Maxillofacial Prosthetics D5900 – D5999
- VIII. Implant Services D6000 – D6199
- IX. Prosthodontics, fixed D6200 – D6999
- X. Oral & Maxillofacial Surgery D7000 – D7999
- XI. Orthodontics D8000 – D8999
- XII. Adjunctive General Services D9000 – D9999

These categories exist solely as a means to organize the CDT Code. As a result, some categories of service are divided into subcategories of related procedures. Many categories and subcategories have descriptors applicable to all procedure codes therein.

Components of a Dental Procedure Code Entry

Every procedure in the CDT Code must have the first two of the following three components:

1. **Procedure Code** – A five character alphanumeric code beginning with the letter “D” that identifies a specific dental procedure. A Procedure Code cannot be changed or abbreviated.
2. **Nomenclature** – The written title of a Procedure Code. Nomenclature may be abbreviated when printed on claim forms or other documents that are subject to space limitation. Any such abbreviation does not constitute a change to the Nomenclature.
3. **Descriptor** – A written narrative that further defines the nature and intended use of a single Procedure Code, or group of such codes. A Descriptor, when present, follows the applicable Procedure Code and its Nomenclature. Descriptors that apply to a series of Procedure Codes precede that series of codes.

Using the CDT Code

The following points should prove helpful when using the CDT Code for recording services provided on the patient record, and when reporting procedures on a paper or electronic claim submission.

1. The presence of a CDT Code does not mean that the procedure is:
 - a. endorsed by any entity or is considered a standard of care
 - b. covered or reimbursed by a dental benefits plan
2. General practitioners, specialists, and other individuals may report any of the listed CDT Codes as long as they are acting within the scope of their state law.
3. CDT Codes that require inclusion of a narrative description on the claim have the words “by report” in their nomenclature.
4. “Unspecified... procedure, by report” codes are used when, in the opinion of the dentist, there is no other CDT Code entry that accurately describes the services provided the patient.

Classification of Materials

Names of dental materials are included in numerous procedure nomenclatures within several Categories of Service (e.g., Restorative; Prosthodontics, fixed). The following list of dental materials is included in the CDT Code solely to aid to selection of a procedure code applicable to the service provided. The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of metal content.

CLASSIFICATION REQUIREMENTS

High Noble Alloys

Noble Metal Content \geq 60% (gold + platinum group*) and gold \geq 40%

Titanium and Titanium Alloys

Titanium \geq 85%

Noble Alloys

Noble Metal Content \geq 25% (gold + platinum group*)

Predominantly Base Alloys

Noble Metal Content $<$ 25% (gold + platinum group*)

* *metals of the platinum group are platinum, palladium, rhodium, iridium, osmium and ruthenium*

Porcelain/Ceramic

Refers to pressed, fired, polished or milled materials containing predominantly inorganic refractory compounds including porcelains, glasses, ceramics, and glass-ceramics.

Resin

Refers to any resin-based composite, including fiber or ceramic reinforced polymer compounds, and glass ionomers.

Required Statement

If there is more than one code in this edition that covers a procedure and a dentist submits a claim under one of these codes, the payer may process the claim under any of these codes that is consistent with the payer's reimbursement policy.

Code on Dental Procedures and Nomenclature

The current version of the Code on Dental Procedures and Nomenclature (CDT Code) that follows is effective for the calendar year Jan. 1, 2017, through Dec. 31, 2017. There are a number of changes from the prior version, which are identified by the following symbols:

- **New procedure code**

- ▲ **Revision to a nomenclature or descriptor**

Please note that when a code's nomenclature includes a "by report" notation, a narrative explaining the treatment provided must be included with the claim submission.

I. DIAGNOSTIC D0100 — D0999

CLINICAL ORAL EVALUATIONS

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

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 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.

D0150 comprehensive oral evaluation – new or established patient

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation

of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

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. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

D0171 re-evaluation – post-operative office visit

PRE-DIAGNOSTIC SERVICES

D0190 screening of a patient

A screening, including state or federally mandated screenings, 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.

DIAGNOSTIC IMAGING

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

IMAGE CAPTURE WITH INTERPRETATION

D0210 intraoral – complete series of radiographic images

A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bite-wing 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 additional radiographic image

D0240 intraoral – occlusal radiographic image

D0250 extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector

These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submento-vertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.

D0251 extra-oral posterior dental radiographic image

Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image

D0270 bitewing – single radiographic image

D0272 bitewings – two radiographic images

D0273 bitewings – three radiographic images

D0274 bitewings – four radiographic images

D0277 vertical bitewings – 7 to 8 radiographic images

This does not constitute a full mouth intraoral radiographic series.

D0330 panoramic radiographic image

D0340 2D cephalometric radiographic image – acquisition, measurement and analysis

Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible X-ray beam geometry

D0350 oral/facial photographic image obtained intra-orally or extra-orally

D0364 cone beam CT capture and interpretation with limited field of view – less than one whole jaw

D0365 cone beam CT capture and interpretation with field of view of one full dental arch – mandible

D0366 cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium

D0367 cone beam CT capture and interpretation with field of view of both jaws; with or without cranium

D0368 cone beam CT capture and interpretation for TMJ series including two or more exposures

D0369 maxillofacial MRI capture and interpretation

D0370 maxillofacial ultrasound capture and interpretation

D0371 sialoendoscopy capture and interpretation

IMAGE CAPTURE ONLY

Capture by a Practitioner not associated with Interpretation and Report

D0380 cone beam CT image capture with limited field of view – less than one whole jaw

D0381 cone beam CT image capture with field of view of one full dental arch – mandible

D0382 cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium

D0383 cone beam CT image capture with field of view of both jaws, with or without cranium

D0384 cone beam CT image capture for TMJ series including two or more exposures

D0385 maxillofacial MRI image capture

D0386 maxillofacial ultrasound image capture

INTERPRETATION AND REPORT ONLY

Interpretation and Report by a Practitioner not associated with Image Capture

D0391 interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

POST PROCESSING OF IMAGE OR IMAGE SETS

D0393 treatment simulation using 3D image volume

The use of 3D image volumes for simulation of treatment including, but not limited to, dental implant placement, orthognathic surgery and orthodontic tooth movement.

D0394 digital subtraction of two or more images or image volumes of the same modality

To demonstrate changes that have occurred over time.

D0395 fusion of two or more 3D image volumes of one or more modalities

TESTS AND EXAMINATIONS

•D0414 laboratory processing of microbial specimens to include culture and sensitivity studies, preparation and transmission of written report

- D0415 collection of microorganisms for culture and sensitivity**
- D0416 viral culture**
A diagnostic test to identify viral organisms, most often herpes virus.
- D0417 collection and preparation of saliva sample for laboratory diagnostic testing**
- D0418 analysis of saliva sample**
- D0422 collection and preparation of genetic sample material for laboratory analysis and report**
- D0423 genetic test for susceptibility to diseases – specimen analysis**
Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases. Chemical or biological analysis of saliva sample for diagnostic purposes.
- D0425 caries susceptibility tests**
Not to be used for carious dentin staining.
- 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**
Includes multiple teeth and contra lateral comparison(s), as indicated.
- D0470 diagnostic casts**
Also known as diagnostic models or study models.
- 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**
Using recognized assessment tools.
- D0602 caries risk assessment and documentation, with a finding of moderate risk**
Using recognized assessment tools.
- D0603 caries risk assessment and documentation, with a finding of high risk**
Using recognized assessment tools.

II. PREVENTIVE D1000–D1999

DENTAL PROPHYLAXIS

- 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.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

- D1206 topical application of fluoride varnish**
- D1208 topical application of fluoride – excluding varnish**

OTHER PREVENTIVE SERVICES

- D1310 nutritional counseling for control of dental disease**
Counseling on food selection and dietary habits 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 diseases 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.
- D1352 preventive resin restoration in a moderate to high caries risk patient – permanent tooth**
Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

D1353 sealant repair – per tooth**D1354 interim caries arresting medicament application**

Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

SPACE MAINTENANCE (PASSIVE APPLIANCES)

Passive appliances are designed to prevent tooth movement.

▲ D1510 space maintainer – fixed – unilateral

Excludes distal shoe space maintainer

D1515 space maintainer – fixed – bilateral**D1520 space maintainer – removable – unilateral****D1525 space maintainer – removable – bilateral****D1550 re-cementation of space maintainer****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.

• D1575 distal shoe space maintainer – fixed – unilateral

Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted.

D1999 unspecified preventive procedure, by report

Used for procedure that is not adequately described by another CDT Code. Describe procedure.

**III. RESTORATIVE
D2000–D2999**

Local anesthesia is usually considered to be part of Restorative procedures.

A one-surface posterior restoration is one in which the restoration involves only one of the five surface classifications (mesial, distal, occlusal, lingual, or facial, including buccal and labial).

A two-surface posterior restoration is one in which the restoration extends to two of the five surface classifications.

A three-surface posterior restoration is one in which the restoration extends to three of the five surface classifications.

A four-or-more surface posterior restoration is one in which the restoration extends to four or more of the five surface classifications.

A one-surface anterior proximal restoration is one in which neither the lingual nor the facial margins of the restoration extend beyond the line angle.

A two-surface anterior proximal restoration is one in which either the lingual or facial margin of the restoration extends beyond the line angle.

A three-surface anterior proximal restoration is one in which both the lingual and facial margins of the restorations extend beyond the line angle.

A four-or-more surface anterior restoration is one in which both the lingual and facial margins extend beyond the line angle and the incisal angle is involved. This restoration might also involve all four surfaces of an anterior tooth and not involve the incisal angle.

AMALGAM RESTORATIONS (INCLUDING POLISHING)

Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).

D2140 amalgam – one surface, primary or permanent**D2150 amalgam – two surfaces, primary or permanent****D2160 amalgam – three surfaces, primary or permanent****D2161 amalgam – four or more surfaces, primary or permanent****RESIN-BASED COMPOSITE RESTORATIONS – DIRECT**

Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).

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

CROWNS - SINGLE RESTORATIONS ONLY

D2799 provisional crown – further treatment or completion of diagnosis necessary prior to final impression.
Not to be used as a temporary crown for a routine prosthetic restoration.

OTHER RESTORATIVE SERVICES

- D2920 recement crown or rebond 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**
Stainless steel primary crown with exterior esthetic coating.
- D2940 protective restoration**
Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.
- D2941 interim therapeutic restoration – primary dentition**
Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.
- D2949 restorative foundation for an indirect restoration**
Placement of restorative material to yield a more ideal form, including elimination of undercuts.
- D2950 core buildup, including any pins**
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.
- D2954 prefabricated post and core in addition to crown**
Core is built around a prefabricated post. This procedure includes the core material.
- D2960 labial veneer (resin laminate) – chairside**
Refers to labial/facial direct resin bonded veneers.
- D2990 resin infiltration of incipient smooth surface lesions**
Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.
- D2999 unspecified restorative procedure, by report**
Use for procedure that is not adequately described by a code. Describe procedure.

IV. ENDODONTICS D3000–D3999

Local anesthesia is usually considered to be part of Endodontic procedures.

PULP CAPPING

- D3110 pulp cap (direct)**
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)**
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. This code is not to be used for bases and liners when all caries has been removed.

PULPOTOMY

- 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.
Note: Traditionally, most dental carriers have not required a radiograph for a pulpotomy claim unless performed on a permanent tooth. If documentation is requested by a carrier for an apexogenesis claim, the dental consultant will most likely request a film that shows a permanent tooth with an immature root(s) and either caries into the pulp chamber or a tooth fracture into the pulp chamber. Since D3222 is a fairly new code, some dental carriers may also require a narrative. There may be a waiting period for endodontic procedures contingent upon on the contractual provisions of the patient's dental plan.

ENDODONTIC THERAPY ON PRIMARY TEETH

- D3230 pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)**
Primary incisors and cuspids.
- D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)**
Primary first and second molars.

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy: pulpectomy is part of root canal therapy.

Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.

- 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, 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.

APEXIFICATION/RECALCIFICATION

- D3351 apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)**
Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)
- D3352 apexification/recalcification – interim medication replacement**
For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.
- D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, 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.)

PULPAL REGENERATION

- D3355 pulpal regeneration – initial visit**
Includes opening tooth, preparation of canal spaces, placement of medication.
- D3356 pulpal regeneration – interim medication replacement**
- D3357 pulpal regeneration – completion of treatment**
Does not include final restoration.

OTHER ENDODONTIC PROCEDURES

- D3910 surgical procedure for isolation of tooth with rubber dam**
- D3950 canal preparation and fitting of preformed dowel or post**
Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner.
- D3999 unspecified endodontic procedure, by report**
Used for procedure that is not adequately described by a code. Describe procedure.

V. PERIODONTICS D4000 — D4999

Local anesthesia is usually considered to be part of periodontal procedures.

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

Site: A term used to describe a single area, position, or locus. The word "site" is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.
- If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

Tooth Bounded Space: A space created by one or more missing teeth that has a tooth on each side.

- D4210 gingivectomy or gingivoplasty – four or more contiguous**
Teeth or tooth bounded spaces per quadrant. It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

- D4211 gingivectomy or gingivoplasty – one to three contiguous**
Teeth or tooth bounded spaces per quadrant. It is performed to eliminate 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**
- D4230 anatomical crown exposure – four or more contiguous teeth per quadrant**
This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (osteotomy) to provide an anatomically correct gingival relationship.
- D4231 anatomical crown exposure – one to three teeth per quadrant**
This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (osteotomy) to provide an anatomically correct gingival relationship.
- D4240 gingival flap procedure, including root planing – four or more 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.
- 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 D4241 and should be reported separately using their own unique codes.

D4245 apically positioned flap

Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.

NON-SURGICAL PERIODONTAL SERVICES**D4320 provisional splinting – intracoronal**

This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

D4321 provisional splinting – extracoronal

This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

D4341 periodontal scaling and root planing – four or more 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.

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

The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

See Q/A section for clarity

D4355 full mouth debridement to enable comprehensive evaluation and diagnosis

The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.

D4381 localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

FDA-approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

OTHER PERIODONTAL SERVICES**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 someone other than treating dentist)**D4921 gingival irrigation – per quadrant**

Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.

D4999 unspecified periodontal procedure, by report

Use for procedure that is not adequately described by a code. Describe procedure.

VI. MAXILLOFACIAL PROSTHETICS D5900 — D5999

D5911 facial moulage (sectional)

A sectional facial moulage impression is a procedure used to record the soft tissue contours of a portion of the face. Occasionally several separate sectional impressions are made, then reassembled to provide a full facial contour cast. The impression is utilized to create a partial facial moulage and generally is not reusable.

D5912 facial moulage (complete)

Synonymous terminology: facial impression, face mask impression. A complete facial moulage impression is a procedure used to record the soft tissue contours of the whole face. The impression is utilized to create a facial moulage and generally is not reusable.

D5951 feeding aid

Synonymous terminology: feeding prosthesis. A prosthesis, which maintains the right and left maxillary segments of an infant cleft palate patient in their proper orientation until surgery is performed to repair the cleft. It closes the oral-nasal cavity defect, thus enhancing sucking and swallowing. Used on an interim basis, this prosthesis achieves separation of the oral and nasal cavities in infants born with wide clefts necessitating delayed closure. It is eliminated if surgical closure can be affected or, alternatively, with eruption of the deciduous dentition, a pediatric speech aid may be made to facilitate closure of the defect.

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 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 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 palatalpharyngeal competency or enhance swallowing reflexes. This prosthesis is intended for interim use as a diagnostic aid to assess 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.

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 section of any speech aid is required to facilitate enhanced speech intelligibility. Such revisions or repairs do not require complete remaking of the prosthesis, thus extending its longevity.

D5984 radiation shield

Synonymous terminology: radiation stent, tongue protector, lead shield. An intraoral prosthesis designed to shield adjacent tissues from radiation during orthovoltage treatment of malignant lesions of the head and neck region.

D5985 radiation cone locator

Synonymous terminology: docking device, cone locator. A prosthesis utilized to direct and reduplicate the path of radiation to an oral tumor during a split course of irradiation.

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.

D5987 commissure splint

Synonymous terminology: lip splint. A device placed between the lips, which assists in achieving increased opening between the lips. Use of such devices enhances opening where surgical, chemical or electrical alterations of the lips has resulted in severe restriction or contractures.

D5991 vesiculobullous disease medicament carrier

A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver prescription medicaments for treatment of immunologically mediated vesiculobullous diseases

D5994 periodontal medicament carrier with peripheral seal – laboratory processed

A custom fabricated, laboratory processed carrier that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket

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 mediated vesiculobullous mucosal, chronic recurrent ulcerative, and other desquamative diseases of the gingival and oral mucosa.

D5999 unspecified maxillofacial prosthesis, by report

Used for procedure that is not adequately described by a code. Describe procedure.

VII. FIXED PROSTHETICS D6000 — D6999

D6985 pediatric partial denture, fixed

This prosthesis is used primarily for aesthetic purposes.

VIII. ORAL AND MAXILLOFACIAL SURGERY D7000 — D7999

Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedures.

For dental benefit reporting purposes a quadrant is defined as four or more contiguous teeth and/or teeth spaces distal to the midline.

Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

D7111 extraction, coronal remnants – deciduous tooth
Removal of soft tissue – retained coronal remnants

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.

D7210 surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.

D7220 removal of impacted tooth – soft tissue

Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

D7230 removal of impacted tooth – partially bony

Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

D7240 removal of impacted tooth – completely bony

Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

D7241 removal of impacted tooth – completely bony, with unusual surgical complications

Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.

D7250 surgical removal of residual tooth roots (cutting procedure)

Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

D7251 coronectomy – intentional partial tooth removal

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

OTHER SURGICAL PROCEDURES

- D7270 tooth reimplantation and/or stabilization of accidentally evulsed 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 unerupted 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**
To move/luxate teeth to eliminate ankyolosis; not in conjunction with an extraction.
- D7283 placement of device to facilitate eruption of impacted tooth**
Placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.
- 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.
- D7288 brush biopsy – transepithelial sample collection**
For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.
- D7290 surgical repositioning of teeth**
Grafting procedure(s) is/are additional
- D7291 transseptal fiberotomy/supra crestal fiberotomy, by report**
The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).
- 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.
- D7295 harvest of bone for use in autogenous grafting procedure**
Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.

SURGICAL EXCISIONS OF SOFT TISSUE LESIONS

Includes non-odontogenic cysts.

- 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 or 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 or rotational flap closure.
- D7465 destruction of lesion(s) by physical or chemical method, by report**
Examples include using cryo, laser or electro surgery.

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS

- D7440 excision of malignant tumor – lesion diameter up to 1.25 cm**
- D7441 excision of malignant tumor – lesion diameter greater than 1.25 cm**
- D7450 removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm**
- D7451 removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm**
- D7460 removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm**
- D7461 removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm**

SURGICAL INCISION

- D7510 incision and drainage of abscess – intraoral soft tissue**
Involves incision through mucosa, including peri-odontal origins.
- D7511 incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)**
Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.
- 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.

TREATMENT OF FRACTURES - SIMPLE

- 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. Surgical incision required to reduce fracture.
- 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**
- D7671 alveolus – open reduction, may include stabilization of teeth**
Teeth may be wired, banded or splinted together to prevent movement.

TREATMENT OF FRACTURES - COMPOUND

- D7880 occlusal orthotic device, by report**
Presently includes splints provided for treatment of temporomandibular joint dysfunction.
- D7881 occlusal orthotic device adjustment**

- D7899 unspecified TMD therapy, by report**
Used for procedure that is not adequately described by a code. Describe procedure.

REPAIR OF TRAUMATIC WOUNDS

Excludes closure of surgical incisions.

- D7910 suture of recent small wounds up to 5 cm**

OTHER REPAIR PROCEDURES

- D7960 frenulectomy – also known as frenectomy or frenotomy**
Surgical removal or release of mucosal and muscle elements of a buccal, labial or lingual that is associated with a pathological condition, or interferes with proper oral development or treatment.
- D7963 frenuloplasty**
Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.
- 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**
- D7990 emergency tracheotomy**
Surgical formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange.
- D7999 unspecified oral surgery procedure, by report**
Used for procedure that is not adequately described by a code. Describe procedure.

IX. ORTHODONTICS D8000 — D8999

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

All of these codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one interceptive procedure or more than one limited procedure depending on their particular problem.

LIMITED ORTHODONTIC TREATMENT

Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

- D8010** limited orthodontic treatment of the primary dentition
- D8020** limited orthodontic treatment of the transitional dentition
- D8030** limited orthodontic treatment of the adolescent dentition
- D8040** limited orthodontic treatment of the adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.

- D8050** interceptive orthodontic treatment of the primary dentition
- D8060** interceptive orthodontic treatment of the transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.

- D8070** comprehensive orthodontic treatment of the transitional dentition
- D8080** comprehensive orthodontic treatment of the adolescent dentition
- D8090** comprehensive orthodontic treatment of the adult dentition

MINOR TREATMENT TO CONTROL HARMFUL HABITS

- D8210** removable appliance therapy
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.

OTHER ORTHODONTIC SERVICES

- D8660** pre-orthodontic treatment visit
- D8670** periodic orthodontic treatment visit (as part of contract)
- D8680** orthodontic retention (removal of appliances, construction and placement of retainer(s))
- D8681** removable orthodontic retainer adjustment
- D8690** orthodontic treatment (alternative billing to a contract fee)
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 ortho appliances. It does include functional appliances and palatal expanders.
- D8692** replacement of lost or broken retainer
- D8693** rebonding or recementing; and/or repair, as required, of fixed retainers
- D8694** repair of fixed retainers, includes reattachment
- D8999** unspecified orthodontic procedure, by report
Used for procedure that is not adequately described by a code. Describe procedure.

X. ADJUNCTIVE GENERAL SERVICES D9000 — D999

UNCLASSIFIED TREATMENT

- D9110** palliative (emergency) treatment of dental pain – minor procedure
This is typically reported on a per-visit basis for emergency treatment of dental pain.

ANESTHESIA

- D9210** local anesthesia not in conjunction with operative or surgical procedures

- D9211 regional block anesthesia**
- D9212 trigeminal division block anesthesia**
- D9215 local anesthesia in conjunction with operative or surgical procedures**
- D9219 evaluation for deep sedation or general anesthesia**
- D9223 deep sedation/general anesthesia – each 15 minute increment**

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

- D9230 inhalation of nitrous oxide/ anxiolysis, analgesia**

- D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment**

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

- D9248 non-intravenous conscious sedation**

This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

PROFESSIONAL CONSULTATION

- 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.

- **D9311 consultation with a medical health care professional**

Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.

PROFESSIONAL VISITS

- 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 or ambulatory surgical center 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**

Established patient. Not performed on same day as evaluation.

DRUGS

- 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.

- D9612 therapeutic parenteral drug, two or more administrations, different medications**

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.

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.

D9630 other drugs and/or medicaments, by report

Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions.

MISCELLANEOUS SERVICES

D9910 application of desensitizing medicament

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-tooth 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.

D9930 treatment of complications (post-surgical) – unusual circumstances, by report

For example, treatment of a dry socket following extraction or removal of bony sequestrum.

D9940 occlusal guard, by report

Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.

D9941 fabrication of athletic mouthguard

D9942 repair and/or reline of occlusal guard

D9943 occlusal guard adjustment

D9951 occlusal adjustment – limited

May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.

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

D9985 sales tax

D9999 unspecified adjunctive procedure, by report

Used for procedure that is not adequately described by a code. Describe procedure.

D9986 missed appointment

D9987 cancelled appointment

•D9991 dental case management – addressing appointment compliance barriers

Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.

•D9992 dental case management – care coordination

Assisting in a patient’s decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

•D9993 dental case management – motivational interviewing

Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.

•D9994 dental case management – patient education to improve oral health literacy

Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.