D0100-D0999 DIAGNOSTIC

CLINICAL ORAL EVALUATIONS

D0120 Periodic oral evaluation - established patient
D0140 Limited oral evaluation - problem focused
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150 Comprehensive oral evaluation - new or established patient
D0160 Detailed and extensive oral evaluation - problem focused, by report
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)
D0171 Re-evaluation - post-operative office visit
D0180 Comprehensive periodontal evaluation - new or established patient

PRE-DIAGNOSTIC SERVICES

D0190 Screening of a patient
D0191 Assessment of a patient

DIAGNOSTIC IMAGING

Image Capture with Interpretation

D0210 Intraoral - complete series of radiographic images
D0709* Intraoral – complete series of radiographic images – image capture only
D0220 Intraoral - periapical first radiographic image
D0230 Intraoral - periapical each additional radiographic image
D0707* Intraoral – periapical radiographic image – image capture only
D0240 Intraoral - occlusal radiographic image
D0706* Intraoral – occlusal radiographic image – image capture only
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector
D0251 Extraoral posterior dental radiographic image
D0705* Extraoral posterior dental radiographic image – image capture only
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
D0708* Intraoral – bitewing radiographic image – image capture only
D0310 Sialography
D0320 Temporomandibular joint arthrogram, including injection
D0321 Other temporomandibular joint radiographic images, by report
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0701* Panoramic radiographic image – image capture only
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis
D0702* 2D cephalometric radiographic image – image capture only
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally
D0703* 2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0351 3D photographic image
D0704* 3D photographic image – image capture only
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
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0367</td>
<td>Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium</td>
</tr>
<tr>
<td>D0368</td>
<td>Cone beam CT capture and interpretation for TMJ series including two or more exposures</td>
</tr>
<tr>
<td>D0369</td>
<td>Maxillofacial MRI capture and interpretation</td>
</tr>
<tr>
<td>D0370</td>
<td>Maxillofacial ultrasound capture and interpretation</td>
</tr>
<tr>
<td>D0371</td>
<td>Sialoendoscopy capture and interpretation</td>
</tr>
</tbody>
</table>

**Image Capture Only**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0380</td>
<td>Cone beam CT image capture with limited field of view – less than one whole jaw</td>
</tr>
<tr>
<td>D0381</td>
<td>Cone beam CT image capture with field of view of one full dental arch – mandible</td>
</tr>
<tr>
<td>D0382</td>
<td>Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium</td>
</tr>
<tr>
<td>D0383</td>
<td>Cone beam CT image capture with field of view of both jaws; with or without cranium</td>
</tr>
<tr>
<td>D0384</td>
<td>Cone beam CT image capture for TMJ series including two or more exposures</td>
</tr>
<tr>
<td>D0385</td>
<td>Maxillofacial MRI image capture</td>
</tr>
<tr>
<td>D0386</td>
<td>Maxillofacial ultrasound image capture</td>
</tr>
</tbody>
</table>

**Interpretation and Report Only**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0391</td>
<td>Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report</td>
</tr>
</tbody>
</table>

**Post Processing of Image or Image Sets**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0393</td>
<td>Treatment simulation using 3D image volume</td>
</tr>
<tr>
<td>D0394</td>
<td>Digital subtraction of two or more images or image volumes of the same modality</td>
</tr>
<tr>
<td>D0395</td>
<td>Fusion of two or more 3D image volumes of one or more modalities</td>
</tr>
</tbody>
</table>

**TESTS AND EXAMINATIONS**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0411</td>
<td>HbA1c in-office point of service testing</td>
</tr>
<tr>
<td>D0412</td>
<td>Blood glucose level test: in office using a glucose meter</td>
</tr>
<tr>
<td>D0414</td>
<td>Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report</td>
</tr>
<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
</tr>
<tr>
<td>D0416</td>
<td>Viral culture</td>
</tr>
<tr>
<td>D0417</td>
<td>Collection and preparation of saliva sample for laboratory diagnostic testing</td>
</tr>
<tr>
<td>D0418</td>
<td>Analysis of saliva sample</td>
</tr>
<tr>
<td>D0419</td>
<td>Assessment of salivary flow by measurement</td>
</tr>
<tr>
<td>D0422</td>
<td>Collection and preparation of genetic sample material for laboratory analysis and report</td>
</tr>
<tr>
<td>D0423</td>
<td>Genetic test for susceptibility to disease - specimen analysis</td>
</tr>
<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
</tr>
<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts</td>
</tr>
<tr>
<td>D0600*</td>
<td>Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum</td>
</tr>
<tr>
<td>D0601*</td>
<td>Caries risk assessment and documentation, with a finding of low risk</td>
</tr>
<tr>
<td>D0602*</td>
<td>Caries risk assessment and documentation, with a finding of moderate risk</td>
</tr>
</tbody>
</table>
D0603* Caries risk assessment and documentation, with a finding of high risk

ORAL PATHOLOGY LABORATORY

D0472 Accession of tissue, gross examination, preparation and transmission of written report
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0480* Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0486* Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0475 Decalcification procedure
D0476 Special stains for microorganisms
D0477 Special stains, not for microorganisms
D0478 Immunohistochemical stains
D0479 Tissue in-situ hybridization, including interpretation
D0481 Electron microscopy
D0482 Direct immunofluorescence
D0483 Indirect immunofluorescence
D0484 Consultation on slides prepared elsewhere
D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
D0502 Other oral pathology procedures, by report
D0604 Antigen testing for a public health related pathogen includes coronavirus
D0605 Antibody testing for a public health related pathogen includes coronavirus
D0606 Molecular testing for a public health related pathogen, including coronavirus
D0999 Unspecified diagnostic procedure, by report

D1000-D1999 PREVENTIVE

DENTAL PROPHYLAXIS

D1110 Prophylaxis - adult
D1120 Prophylaxis - child

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1206 Topical application of fluoride varnish
D1208 Topical application of fluoride - excluding varnish

OTHER PREVENTIVE SERVICES

D1310 Nutritional counseling for control of dental disease
D1320 Tobacco counseling for the control and prevention of oral disease
D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D1330 Oral hygiene instructions
D1351 Sealant - per tooth
D1353* Sealant repair - per tooth
D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1354 Application of caries arresting medicament application – per tooth
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D1355 Caries preventive medicament application – per tooth

SPACE MAINTENANCE (PASSIVE APPLIANCES)
D1510 Space maintainer - fixed, unilateral – per quadrant
D1516 Space maintainer - fixed - bilateral, maxillary
D1517 Space maintainer - fixed - bilateral, mandibular
D1520 Space maintainer - removable, unilateral – per quadrant
D1526 Space maintainer - removable - bilateral, maxillary
D1527 Space maintainer - removable - bilateral, mandibular
D1551 Re-cement or re-bond bilateral space maintainer – maxillary
D1552 Re-cement or re-bond bilateral space maintainer – mandibular
D1553 Re-cement or re-bond unilateral space maintainer – per quadrant
D1556 Removal of fixed unilateral space maintainer – per quadrant
D1557 Removal of fixed bilateral space maintainer – maxillary
D1558 Removal of fixed bilateral space maintainer – mandibular
D1575 Distal shoe space maintainer - fixed, unilateral – per quadrant

D1701 Pfizer BioNtech COVID 19 vaccine – first dose
D1702 Pfizer BioNtech COVID 19 vaccine – second dose
D1703 Moderna COVID 19 vaccine administration – first dose
D1704 Moderna COVID 19 vaccine administration – second dose
D1705 AstraZeneca COVID 19 vaccine administration – first dose
D1706 AstraZeneca COVID 19 vaccine administration – second dose
D1707 Janssen COVID 19 administration
D1999 Unspecified preventive procedure, by report

D2000-D2999 RESTORATIVE

AMALGAM RESTORATIONS (INCLUDING POLISHING)
D2140 Amalgam - one surface, primary or permanent
D2150 Amalgam - two surfaces, primary or permanent
D2160 Amalgam - three surfaces, primary or permanent
D2161 Amalgam - four or more surfaces, primary or permanent

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT
D2330 Resin-based composite - one surface, anterior
D2331 Resin-based composite - two surfaces, anterior
D2332 Resin-based composite - three surfaces, anterior
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390 Resin-based composite crown, anterior
D2391 Resin-based composite - one surface, posterior
D2392 Resin-based composite - two surfaces, posterior
D2393 Resin-based composite - three surfaces, posterior
D2394 Resin-based composite - four or more surfaces, posterior

GOLD FOIL RESTORATIONS
D2410 Gold foil - one surface
D2420 Gold foil - two surfaces
D2430  Gold foil - three surfaces

INLAY/ONLAY RESTORATIONS

D2510  Inlay - metallic - one surface
D2520  Inlay - metallic - two surfaces
D2530  Inlay - metallic - three or more surfaces
D2542  Onlay - metallic - two surfaces
D2543  Onlay - metallic - three surfaces
D2544  Onlay - metallic - four or more surfaces
D2610  Inlay - porcelain/ceramic - one surface
D2620  Inlay - porcelain/ceramic - two surfaces
D2630  Inlay - porcelain/ceramic - three or more surfaces
D2642  Onlay - porcelain/ceramic - two surfaces
D2643  Onlay - porcelain/ceramic - three surfaces
D2644  Onlay - porcelain/ceramic - four or more surfaces

**Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays.

D2650  Inlay - resin-based composite - one surface
D2651  Inlay - resin-based composite - two surfaces
D2652  Inlay - resin-based composite - three or more surfaces
D2662  Onlay - resin-based composite - two surfaces
D2663  Onlay - resin-based composite - three surfaces
D2664  Onlay - resin-based composite - four or more surfaces

**Resin-based composite inlays/onlays must utilize indirect technique.

CROWNS - SINGLE RESTORATIONS ONLY

D2710  Crown - resin-based composite (indirect)
D2712  Crown - ¾ resin-based composite (indirect)
D2720  Crown - resin with high noble metal
D2721  Crown - resin with predominantly base metal
D2722  Crown - resin with noble metal
D2740  Crown - porcelain/ceramic
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
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  Interim crown - further treatment or completion of diagnosis necessary prior to final impression

OTHER RESTORATIVE SERVICES

D2990*  Resin infiltration of incipient smooth surface lesions
D2910  Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration

*Procedure code is not in numeric order.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2915</td>
<td>Re-cement or re-bond indirectly fabricated or prefabricated post and core</td>
</tr>
<tr>
<td>D2920</td>
<td>Re-cement or re-bond crown</td>
</tr>
<tr>
<td>D2921</td>
<td>Reattachment of tooth fragment, incisal edge or cusp</td>
</tr>
<tr>
<td>D2928</td>
<td>Prefabricated porcelain/ceramic crown – permanent tooth</td>
</tr>
<tr>
<td>D2929</td>
<td>Prefabricated porcelain/ceramic crown – primary tooth</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown - primary tooth</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown - permanent tooth</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
</tr>
<tr>
<td>D2934</td>
<td>Prefabricated esthetic coated stainless steel crown - primary tooth</td>
</tr>
<tr>
<td>D2940</td>
<td>Protective restoration</td>
</tr>
<tr>
<td>D2941</td>
<td>Interim therapeutic restoration – primary dentition</td>
</tr>
<tr>
<td>D2949</td>
<td>Restorative foundation for an indirect restoration</td>
</tr>
<tr>
<td>D2950</td>
<td>Core buildup, including any pins when required</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention - per tooth, in addition to restoration</td>
</tr>
<tr>
<td>D2952</td>
<td>Post and core in addition to crown, indirectly fabricated</td>
</tr>
<tr>
<td>D2953</td>
<td>Each additional indirectly fabricated post - same tooth</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
</tr>
<tr>
<td>D2957*</td>
<td>Each additional prefabricated post - same tooth</td>
</tr>
<tr>
<td>D2955</td>
<td>Post removal</td>
</tr>
<tr>
<td>D2960</td>
<td>Labial veneer (resin laminate) - chairside</td>
</tr>
<tr>
<td>D2961</td>
<td>Labial veneer (resin laminate) - laboratory</td>
</tr>
<tr>
<td>D2962</td>
<td>Labial veneer (porcelain laminate) - laboratory</td>
</tr>
<tr>
<td>D2971</td>
<td>Additional procedures to customize a crown to fit under an existing partial denture framework</td>
</tr>
<tr>
<td>D2975</td>
<td>Coping</td>
</tr>
<tr>
<td>D2980</td>
<td>Crown repair necessitated by restorative material failure</td>
</tr>
<tr>
<td>D2981</td>
<td>Inlay repair necessitated by restorative material failure</td>
</tr>
<tr>
<td>D2982</td>
<td>Onlay repair necessitated by restorative material failure</td>
</tr>
<tr>
<td>D2983</td>
<td>Veneer repair necessitated by restorative material failure</td>
</tr>
<tr>
<td>D2999</td>
<td>Unspecified restorative procedure, by report</td>
</tr>
</tbody>
</table>

**D3000-D3999 ENDODONTICS**

**PULP CAPPING**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3110</td>
<td>Pulp cap - direct (excluding final restoration)</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap - indirect (excluding final restoration)</td>
</tr>
</tbody>
</table>

**PULPOTOMY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3220</td>
<td>Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament</td>
</tr>
<tr>
<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
</tr>
<tr>
<td>D3222</td>
<td>Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development</td>
</tr>
</tbody>
</table>

**ENDODONTIC THERAPY ON PRIMARY TEETH**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3230</td>
<td>Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)</td>
</tr>
<tr>
<td>D3240</td>
<td>Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)</td>
</tr>
</tbody>
</table>
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ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

D3310  Endodontic therapy, anterior tooth (excluding final restoration)
D3320  Endodontic therapy, premolar tooth (excluding final restoration)
D3330  Endodontic therapy, molar tooth (excluding final restoration)
D3331  Treatment of root canal obstruction; non-surgical access
D3332  Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333  Internal root repair of perforation defects

ENDODONTIC RETREATMENT

D3346  Retreatment of previous root canal therapy - anterior
D3347  Retreatment of previous root canal therapy - premolar
D3348  Retreatment of previous root canal therapy - molar

APEXIFICATION/RECALCIFICATION

D3351  Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352  Apexification/recalcification - interim medication replacement
D3353  Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)

PULPAL REGENERATION

D3355  Pulpal regeneration - initial visit
D3356  Pulpal regeneration - interim medication replacement
D3357  Pulpal regeneration - completion of treatment

APICOECTOMY/PERIRADICULAR SERVICES

D3410  Apicoectomy - anterior
D3421  Apicoectomy - premolar (first root)
D3425  Apicoectomy - molar (first root)
D3426  Apicoectomy (each additional root)
D3428  Bone graft in conjunction with periradicular surgery – per tooth, single site
D3429  Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
D3430  Retrograde filling - per root
D3431  Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432  Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery

D3450  Root amputation - per root
D3460  Endodontic endosseous implant
D3470  Intentional re-implantation (including necessary splinting)
D3471  Surgical repair of root resorption - anterior
D3472  Surgical repair of root resorption – premolar
D3473  Surgical repair of root resorption – molar
D3501  Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502  Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503  Surgical exposure of root surface without apicoectomy or repair of root resorption – molar

CDT-2022
Effective 01/01/2022
*Procedure code is not in numeric order.
New - yellow
Deleted - red
Revised nomenclature - blue
### OTHER ENDODONTIC PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3910</td>
<td>Surgical procedure for isolation of tooth with rubber dam</td>
</tr>
<tr>
<td>D3911</td>
<td>Intraorifice barrier</td>
</tr>
<tr>
<td>D3920</td>
<td>Hemisection (including any root removal), not including root canal therapy</td>
</tr>
<tr>
<td>D3921</td>
<td>Decoronation or submergence of an erupted tooth</td>
</tr>
<tr>
<td>D3950</td>
<td>Canal preparation and fitting of preformed dowel or post</td>
</tr>
<tr>
<td>D3999</td>
<td>Unspecified endodontic procedure, by report</td>
</tr>
</tbody>
</table>

### D4000-D4999 PERIODONTICS

**SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4210</td>
<td>Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4211</td>
<td>Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4212</td>
<td>Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth</td>
</tr>
<tr>
<td>D4230</td>
<td>Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4231</td>
<td>Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4241</td>
<td>Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4245</td>
<td>Apically positioned flap</td>
</tr>
<tr>
<td>D4249</td>
<td>Clinical crown lengthening - hard tissue</td>
</tr>
<tr>
<td>D4260</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4261</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4263</td>
<td>Bone replacement graft - retained natural tooth - first site in quadrant</td>
</tr>
<tr>
<td>D4264</td>
<td>Bone replacement graft - retained natural tooth - each additional site in quadrant</td>
</tr>
<tr>
<td>D4265*</td>
<td>Biologic materials to aid in soft and osseous tissue regeneration, per site</td>
</tr>
<tr>
<td>D4266</td>
<td>Guided tissue regeneration - resorbable barrier, per site</td>
</tr>
<tr>
<td>D4267</td>
<td>Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)</td>
</tr>
<tr>
<td>D4268</td>
<td>Surgical revision procedure, per tooth</td>
</tr>
<tr>
<td>D4270</td>
<td>Pedicle soft tissue graft procedure</td>
</tr>
<tr>
<td>D4273</td>
<td>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft</td>
</tr>
<tr>
<td>D4283*</td>
<td>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site</td>
</tr>
<tr>
<td>D4275*</td>
<td>Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft</td>
</tr>
<tr>
<td>D4285*</td>
<td>Non-autogenous connective tissue graft (including recipient surgical site and donor material) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site</td>
</tr>
<tr>
<td>D4274</td>
<td>Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)</td>
</tr>
<tr>
<td>D4276</td>
<td>Combined connective tissue and pedicle graft</td>
</tr>
</tbody>
</table>

*Procedure code is not in numeric order. New - yellow  Deleted - red  Revised nomenclature - blue
**AMERICAN DENTAL ASSOCIATION CDT-2022**

**CODE ON DENTAL PROCEDURES AND NOMENCLATURE**

Effective January 1, 2022

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4277</td>
<td>Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft</td>
</tr>
<tr>
<td>D4278</td>
<td>Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site</td>
</tr>
</tbody>
</table>

**NON-SURGICAL PERIODONTAL SERVICE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4320</td>
<td>Provisional splinting – intracoronal</td>
</tr>
<tr>
<td>D4321</td>
<td>Provisional splinting – extracoronal</td>
</tr>
<tr>
<td>D4322</td>
<td>Splint – intra-coronal; natural teeth or prosthetic crowns</td>
</tr>
<tr>
<td>D4323</td>
<td>Splint – extra-coronal; natural teeth or prosthetic crowns</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal scaling and root planing - four or more teeth per quadrant</td>
</tr>
<tr>
<td>D4342</td>
<td>Periodontal scaling and root planing - one to three teeth per quadrant</td>
</tr>
<tr>
<td>D4346</td>
<td>Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation</td>
</tr>
<tr>
<td>D4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit</td>
</tr>
<tr>
<td>D4381</td>
<td>Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth</td>
</tr>
</tbody>
</table>

**OTHER PERIODONTAL SERVICES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4910</td>
<td>Periodontal maintenance</td>
</tr>
<tr>
<td>D4920</td>
<td>Unscheduled dressing change (by someone other than treating dentist or their staff)</td>
</tr>
<tr>
<td>D4921</td>
<td>Gingival irrigation – per quadrant</td>
</tr>
<tr>
<td>D4999</td>
<td>Unspecified periodontal procedure, by report</td>
</tr>
</tbody>
</table>

**D5000-D5899 PROSTHODONTICS (removable)**

**COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Complete denture - maxillary</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete denture - mandibular</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate denture - maxillary</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate denture - mandibular</td>
</tr>
</tbody>
</table>

**PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5211</td>
<td>Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5212</td>
<td>Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5213</td>
<td>Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5211</td>
<td>Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5222</td>
<td>Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5223</td>
<td>Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5224</td>
<td>Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)</td>
</tr>
<tr>
<td>D5227</td>
<td>Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5228</td>
<td>Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5228</td>
<td>Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5229</td>
<td>Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5282</td>
<td>Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials and teeth), maxillary</td>
</tr>
<tr>
<td>D5283</td>
<td>Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials and teeth), mandibular</td>
</tr>
<tr>
<td>D5284</td>
<td>Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials and teeth) - per quadrant</td>
</tr>
<tr>
<td>D5286</td>
<td>Removable unilateral partial denture - one piece resin (including retentive/clasping materials and teeth) - per quadrant</td>
</tr>
</tbody>
</table>

**ADJUSTMENTS TO DENTURES**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular</td>
</tr>
</tbody>
</table>

**REPAIRS TO COMPLETE DENTURES**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5511</td>
<td>Repair broken complete denture base, mandibular</td>
</tr>
<tr>
<td>D5512</td>
<td>Repair broken complete denture base, maxillary</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth - complete denture (each tooth)</td>
</tr>
</tbody>
</table>

**REPAIRS TO PARTIAL DENTURES**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5611</td>
<td>Repair resin partial denture base, mandibular</td>
</tr>
<tr>
<td>D5612</td>
<td>Repair resin partial denture base, maxillary</td>
</tr>
<tr>
<td>D5621</td>
<td>Repair cast partial framework, mandibular</td>
</tr>
<tr>
<td>D5622</td>
<td>Repair cast partial framework, maxillary</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken retentive clasping materials - per tooth</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth - per tooth</td>
</tr>
<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
</tr>
<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture - per tooth</td>
</tr>
<tr>
<td>D5670</td>
<td>Replace all teeth and acrylic on cast metal framework (maxillary)</td>
</tr>
<tr>
<td>D5671</td>
<td>Replace all teeth and acrylic on cast metal framework (mandibular)</td>
</tr>
</tbody>
</table>

**DENTURE REBASE PROCEDURES**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5710</td>
<td>Rebase complete maxillary denture</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete mandibular denture</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase maxillary partial denture</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase mandibular partial denture</td>
</tr>
<tr>
<td>D5725</td>
<td>Rebase hybrid prosthesis</td>
</tr>
</tbody>
</table>

**DENTURE RELINE PROCEDURES**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5730</td>
<td>Reline complete maxillary denture (chairside)</td>
</tr>
<tr>
<td>D5731</td>
<td>Reline complete mandibular denture (chairside)</td>
</tr>
<tr>
<td>D5740</td>
<td>Reline maxillary partial denture (chairside)</td>
</tr>
<tr>
<td>D5741</td>
<td>Reline mandibular partial denture (chairside)</td>
</tr>
<tr>
<td>D5750</td>
<td>Reline complete maxillary denture (laboratory)</td>
</tr>
<tr>
<td>D5751</td>
<td>Reline complete mandibular denture (laboratory)</td>
</tr>
<tr>
<td>D5760</td>
<td>Reline maxillary partial denture (laboratory)</td>
</tr>
</tbody>
</table>
D5761  Reline mandibular partial denture (laboratory)
D5765  Soft liner for complete or partial removable denture – indirect

INTERIM PROSTHESIS
D5810  Interim complete denture (maxillary)
D5811  Interim complete denture (mandibular)
D5820  Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary
D5821  Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular

OTHER REMOVABLE PROSTHETIC SERVICES
D5850  Tissue conditioning, maxillary
D5851  Tissue conditioning, mandibular
D5862  Precision attachment, by report
D5863  Overdenture – complete maxillary
D5864  Overdenture – partial maxillary
D5865  Overdenture – complete mandibular
D5866  Overdenture – partial mandibular
D5867  Replacement of semi-precision or precision attachment, per attachment
D5875  Modification of removable prosthesis following implant surgery
D5876  Add metal substructure to acrylic full denture (per arch)
D5899  Unspecified removable prosthodontic procedure, by report

DS900-DS999  MAXILLOFACIAL PROSTHETICS
*All codes in this section are ordered alphabetically and not numerically.

D5992  Adjust maxillofacial prosthetic appliance, by report
D5993  Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report
D5914  Auricular prosthesis
D5927  Auricular prosthesis, replacement
D5987  Commissure splint
D5924  Cranial prosthesis
D5925  Facial augmentation implant prosthesis
D5912  Facial moulage (complete)
D5911  Facial moulage (sectional)
D5919  Facial prosthesis
D5929  Facial prosthesis, replacement
D5951  Feeding aid
D5934  Mandibular resection prosthesis with guide flange
D5935  Mandibular resection prosthesis without guide flange
D5913  Nasal prosthesis
D5926  Nasal prosthesis, replacement
D5922  Nasal septal prosthesis
D5932  Obturator prosthesis, definitive
D5936  Obturator prosthesis, interim
D5933  Obturator prosthesis, modification
D5931  Obturator prosthesis, surgical
D5916  Ocular prosthesis
D5923  Ocular prosthesis, interim
D5915  Orbital prosthesis
D5928  Orbital prosthesis, replacement
D5954  Palatal augmentation prosthesis
D5955  Palatal lift prosthesis, definitive
D5958  Palatal lift prosthesis, interim
D5959  Palatal lift prosthesis, modification
D5985  Radiation cone locator
D5984  Radiation shield
D5953  Speech aid prosthesis, adult
D5960  Speech aid prosthesis, modification
D5952  Speech aid prosthesis, pediatric
D5988  Surgical splint
D5982  Surgical stent
D5937  Trismus appliance (not for TMD treatment)

**CARRIERS**

D5986*  Fluoride gel carrier
D5995  Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary
D5996  Periodontal medicament carrier with peripheral seal - laboratory processed mandibular
D5983*  Radiation carrier
D5991*  Vesiculobullous disease medicament carrier
D5999  Unspecified maxillofacial prosthesis, by report

**D6000-D6199  IMPLANT SERVICES**

**PRE-SURGICAL SERVICES**

D6190*  Radiographic/surgical implant index, by report

**SURGICAL SERVICES**

D6010  Surgical placement of implant body: endosteal implant
D6011  Surgical access to an implant body (second stage implant surgery)
D6012  Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013  Surgical placement of mini implant
D6040  Surgical placement: eposteal implant
D6050  Surgical placement: transosteal implant
D6100*  Surgical removal of implant body
D6101*  Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102*  Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
D6103*  Bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104*  Bone graft at time of implant placement

**IMPLANT SUPPORTED PROSTHETICS**

Supporting Structures

D6055*  Connecting bar – implant supported or abutment supported
D6056*  Prefabricated abutment – includes modification and placement
D6057*  Custom fabricated abutment – includes placement
D6051  Interim implant abutment placement
D6118*  Implant/abutment supported interim fixed denture for edentulous arch - mandibular
### Implant/abutment supported interim fixed denture for edentulous arch - maxillary

D6119

Implant/abutment supported removable dentures

D6110*

Implant/abutment supported removable denture for edentulous arch - maxillary

D6111*

Implant/abutment supported removable denture for edentulous arch - mandibular

D6112*

Implant/abutment supported removable denture for partially edentulous arch - maxillary

D6113*

Implant/abutment supported removable denture for partially edentulous arch - mandibular

### Implant/abutment supported fixed dentures (hybrid)

D6114*

Implant/abutment supported fixed denture for edentulous arch - maxillary

D6115*

Implant/abutment supported fixed denture for edentulous arch - mandibular

D6116*

Implant/abutment supported fixed denture for partially edentulous arch - maxillary

D6117*

Implant/abutment supported fixed denture for partially edentulous arch - mandibular

### Single Crowns, Abutment Supported

D6058

Abutment supported porcelain/ceramic crown

D6059

Abutment supported porcelain fused to metal crown (high noble metal)

D6060

Abutment supported porcelain fused to metal crown (predominantly base metal)

D6061

Abutment supported porcelain fused to metal crown (noble metal)

D6062

Abutment supported cast metal crown (high noble metal)

D6063

Abutment supported cast metal crown (predominantly base metal)

D6064

Abutment supported cast metal crown (noble metal)

D6094*

Abutment supported crown - titanium and titanium alloys

D6097*

Abutment supported crown - porcelain fused to titanium and titanium alloys

### Single Crowns, Implant Supported

D6065

Implant supported porcelain/ceramic crown

D6066

Implant supported crown - porcelain fused to high noble alloys

D6067

Implant supported crown - high noble alloys

D6082*

Implant supported crown - porcelain fused to predominantly base alloys

D6083*

Implant supported crown - porcelain fused to noble alloys

D6084*

Implant supported crown - porcelain fused to titanium and titanium alloys

D6086*

Implant supported crown - predominantly base alloys

D6087*

Implant supported crown - noble alloys

D6088*

Implant supported crown - titanium and titanium alloys

### Fixed Partial Denture, Abutment Supported

D6068

Abutment supported retainer for porcelain/ceramic FPD

D6069

Abutment supported retainer for porcelain fused to metal FPD (high noble metal)

D6070

Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)

D6071

Abutment supported retainer for porcelain fused to metal FPD (noble metal)

D6072

Abutment supported retainer for cast metal FPD (high noble metal)

D6073

Abutment supported retainer for cast metal FPD (predominantly base metal)

D6074

Abutment supported retainer for cast metal FPD (noble metal)

D6194*

Abutment supported retainer crown for FPD - titanium and titanium alloys

D6195*

Abutment supported retainer - porcelain fused to titanium and titanium alloys
D6075  Implant supported retainer for ceramic FPD
D6076  Implant supported retainer for FPD - porcelain fused to high noble alloys
D6077  Implant supported retainer for metal FPD - high noble alloys
D6098* Implant supported retainer - porcelain fused to predominantly base alloys
D6099* Implant supported retainer for FPD - porcelain fused to noble alloys
D6120* Implant supported retainer for metal FPD - predominantly base alloys
D6122  Implant supported retainer for metal FPD - noble alloys
D6123  Implant supported retainer for metal FPD- titanium and titanium alloys

OTHER IMPLANT SERVICES

D6080  Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6081  Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure

D6085  Interim implant crown
D6090  Repair implant supported prosthesis, by report
D6095* Repair implant abutment, by report
D6096* Remove broken implant retaining screw
D6091  Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092  Re-cement or re-bond implant/abutment supported crown
D6093  Re-cement or re-bond implant/abutment supported fixed partial denture
D6191  Semi-precision abutment – placement
D6192  Semi-precision attachment – placement
D6198  Remove interim implant component
D6199  Unspecified implant procedure, by report

D6200-D6999 PROSTHODONTICS (fixed)

FIXED PARTIAL DENTURE PONTICS

D6205  Pontic - indirect resin based composite
D6210  Pontic - cast high noble metal
D6211  Pontic - cast predominantly base metal
D6212  Pontic - cast noble metal
D6214  Pontic - titanium 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
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  Interim pontic - further treatment or completion of diagnosis necessary prior to final impression

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

D6545  Retainer - cast metal for resin bonded fixed prosthesis
D6548  Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6549  Resin retainer - for resin bonded fixed prosthesis
D6600  Retainer inlay - porcelain/ceramic, two surfaces
D6601  Retainer inlay - porcelain/ceramic, three or more surfaces
D6602  Retainer inlay - cast high noble metal, two surfaces
D6603  Retainer inlay - cast high noble metal, three or more surfaces
D6604  Retainer inlay - cast predominantly base metal, two surfaces
D6605  Retainer inlay - cast predominantly base metal, three or more surfaces
D6606  Retainer inlay - cast noble metal, two surfaces
D6607  Retainer inlay - cast noble metal, three or more surfaces
D6624* Retainer inlay - titanium
D6608  Retainer onlay - porcelain/ceramic, two surfaces
D6609  Retainer onlay - porcelain/ceramic, three or more surfaces
D6610  Retainer onlay - cast high noble metal, two surfaces
D6611  Retainer onlay - cast high noble metal, three or more surfaces
D6612  Retainer onlay - cast predominantly base metal, two surfaces
D6613  Retainer onlay - cast predominantly base metal, three or more surfaces
D6614  Retainer onlay - cast noble metal, two surfaces
D6615  Retainer onlay - cast noble metal, three or more surfaces
D6634* Retainer onlay - titanium

FIXED PARTIAL DENTURE RETAINERS - CROWNS

D6710  Retainer crown - indirect resin based composite
D6720  Retainer crown - resin with high noble metal
D6721  Retainer crown - resin with predominantly base metal
D6722  Retainer crown - resin with noble metal
D6740  Retainer crown - porcelain/ceramic
D6750  Retainer crown - porcelain fused to high noble metal
D6751  Retainer crown - porcelain fused to predominantly base metal
D6752  Retainer crown - porcelain fused to noble metal
D6753  Retainer crown - porcelain fused to titanium and titanium alloys
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
D6790  Retainer crown - full cast high noble metal
D6791  Retainer crown - full cast predominantly base metal
D6792  Retainer crown - full cast noble metal
D6794* Retainer crown - titanium and titanium alloys
D6793  Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression

OTHER FIXED PARTIAL DENTURE SERVICES

D6920  Connector bar
D6930  Re-cement or re-bond fixed partial denture
D6940  Stress breaker
D6950  Precision attachment
D6980  Fixed partial denture repair necessitated by restorative material failure
D6985  Pediatric partial denture, fixed
D6999  Unspecified fixed prosthodontic procedure, by report

**D7000-D7999  ORAL & MAXILLOFACIAL SURGERY**

**EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7111</td>
<td>Extraction, coronal remnants - primary tooth</td>
</tr>
<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
</tr>
<tr>
<td>D7210</td>
<td>Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of impacted tooth - soft tissue</td>
</tr>
<tr>
<td>D7230</td>
<td>Removal of impacted tooth - partially bony</td>
</tr>
<tr>
<td>D7240</td>
<td>Removal of impacted tooth - completely bony</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth - completely bony, with unusual surgical complications</td>
</tr>
<tr>
<td>D7250</td>
<td>Removal of residual tooth roots (cutting procedure)</td>
</tr>
<tr>
<td>D7251</td>
<td>Coronectomy – intentional partial tooth removal</td>
</tr>
</tbody>
</table>

**OTHER SURGICAL PROCEDURES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7260</td>
<td>Oroantral fistula closure</td>
</tr>
<tr>
<td>D7261</td>
<td>Primary closure of a sinus perforation</td>
</tr>
<tr>
<td>D7270</td>
<td>Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth</td>
</tr>
<tr>
<td>D7272</td>
<td>Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)</td>
</tr>
<tr>
<td>D7280</td>
<td>Exposure of an unerupted tooth</td>
</tr>
<tr>
<td>D7282</td>
<td>Mobilization of erupted or malpositioned tooth to aid eruption</td>
</tr>
<tr>
<td>D7283</td>
<td>Placement of device to facilitate eruption of impacted tooth</td>
</tr>
<tr>
<td>D7285</td>
<td>Incisional biopsy of oral tissue - hard (bone, tooth)</td>
</tr>
<tr>
<td>D7286</td>
<td>Incisional biopsy of oral tissue - soft</td>
</tr>
<tr>
<td>D7287</td>
<td>Exfoliative cytological sample collection</td>
</tr>
<tr>
<td>D7288</td>
<td>Brush biopsy - transepithelial sample collection</td>
</tr>
<tr>
<td>D7290</td>
<td>Surgical repositioning of teeth</td>
</tr>
<tr>
<td>D7291</td>
<td>Transseptal fiberotomy-supra crestal fiberotomy, by report</td>
</tr>
<tr>
<td>D7292</td>
<td>Placement of temporary anchorage device [screw retained plate] requiring flap</td>
</tr>
<tr>
<td>D7293</td>
<td>Placement of temporary anchorage device requiring flap</td>
</tr>
<tr>
<td>D7294</td>
<td>Placement of temporary anchorage device without flap</td>
</tr>
<tr>
<td>D7295</td>
<td>Harvest of bone for use in autogenous grafting procedure</td>
</tr>
<tr>
<td>D7296</td>
<td>Corticotomy - one to three teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7297</td>
<td>Corticotomy - four or more teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7298</td>
<td>Removal of temporary anchorage device [screw retained plate], requiring flap</td>
</tr>
<tr>
<td>D7299</td>
<td>Removal of temporary anchorage device, requiring flap</td>
</tr>
<tr>
<td>D7300</td>
<td>Removal of temporary anchorage device without flap</td>
</tr>
</tbody>
</table>

**ALVEOLOPLASTY - PREPARATION OF RIDGE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</td>
</tr>
</tbody>
</table>
D7321  Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

VESTIBULOPLASTY

D7340  Vestibuloplasty - ridge extension (secondary epithelialization)
D7350  Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

EXCISION OF SOFT TISSUE LESIONS

D7410  Excision of benign lesion up to 1.25 cm
D7411  Excision of benign lesion greater than 1.25 cm
D7412  Excision of benign lesion, complicated
D7413  Excision of malignant lesion up to 1.25 cm
D7414  Excision of malignant lesion greater than 1.25 cm
D7415  Excision of malignant lesion, complicated
D7465*  Destruction of lesion(s) by physical or chemical method, by report

EXCISION OF INTRA-OSSEOUS LESIONS

D7440  Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441  Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450  Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451  Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460  Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461  Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

EXCISION OF BONE TISSUE

D7471  Removal of lateral exostosis (maxilla or mandible)
D7472  Removal of torus palatinus
D7473  Removal of torus mandibularis
D7485  Reduction of osseous tuberosity
D7490  Radical resection of maxilla or mandible

SURGICAL INCISION

D7510  Incision and drainage of abscess - intraoral soft tissue
D7511  Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7520  Incision and drainage of abscess - extraoral soft tissue
D7521  Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7530  Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540  Removal of reaction producing foreign bodies, musculoskeletal system
D7550  Partial ostectomy/sequestrctomy for removal of non-vital bone
D7560  Maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF CLOSED FRACTURES

D7610  Maxilla - open reduction (teeth immobilized, if present)
D7620 Maxilla - closed reduction (teeth immobilized, if present)
D7630 Mandible - open reduction (teeth immobilized, if present)
D7640 Mandible - closed reduction (teeth immobilized, if present)
D7650 Malar and/or zygomatic arch - open reduction
D7660 Malar and/or zygomatic arch - closed reduction
D7670 Alveolus - closed reduction, may include stabilization of teeth
D7671 Alveolus - open reduction, may include stabilization of teeth
D7680 Facial bones - complicated reduction with fixation and multiple surgical approaches

TREATMENT OF OPEN FRACTURES

D7710 Maxilla - open reduction
D7720 Maxilla - closed reduction
D7730 Mandible - open reduction
D7740 Mandible - closed reduction
D7750 Malar and/or zygomatic arch - open reduction
D7760 Malar and/or zygomatic arch - closed reduction
D7770 Alveolus - open reduction stabilization of teeth
D7771 Alveolus - closed reduction stabilization of teeth
D7780 Facial bones - complicated reduction with fixation and multiple approaches

REPAIR OF TRAUMATIC WOUNDS

D7910 Suture of recent small wounds up to 5 cm
COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR Meticulous closure)

D7911  Complicated suture - up to 5 cm
D7912  Complicated suture - greater than 5 cm

OTHER REPAIR PROCEDURES

D7920  Skin graft (identify defect covered, location and type of graft)
D7921  Collection and application of autologous blood concentrate product
D7922  Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7940  Osteoplasty - for orthognathic deformities
D7941  Osteotomy - mandibular rami
D7943  Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944  Osteotomy - segmented or subapical
D7945  Osteotomy - body of mandible
D7946  LeFort I (maxilla - total)
D7947  LeFort I (maxilla - segmented)
D7948  LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949  LeFort II or LeFort III - with bone graft
D7950  Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7951  Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952  Sinus augmentation via a vertical approach
D7953  Bone replacement graft for ridge preservation - per site
D7955  Repair of maxillofacial soft and/or hard tissue defect
D7961  Buccal/labial frenectomy (frenulectomy)
D7962  Lingual frenectomy (frenulectomy)
D7963  Frenuloplasty
D7970  Excision of hyperplastic tissue - per arch
D7971  Excision of pericoronal gingiva
D7972  Surgical reduction of fibrous tuberosity
D7979  Non-surgical sialolithotomy
D7980  Surgical sialolithotomy
D7981  Excision of salivary gland, by report
D7982  Sialodochoplasty
D7983  Closure of salivary fistula
D7990  Emergency tracheotomy
D7991  Coronoidectomy
D7993  Surgical placement of craniofacial implant – extra oral
D7994  Surgical placement: zygomatic implant
D7995  Synthetic graft - mandible or facial bones, by report
D7996  Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D7997  Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998  Intraoral placement of a fixation device not in conjunction with a fracture
D7999  Unspecified oral surgery procedure, by report

D8000-D8999 ORTHODONTICS

LIMITED ORTHODONTIC TREATMENT
D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8040 Limited orthodontic treatment of the adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8090 Comprehensive orthodontic treatment of the adult dentition

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210 Removable appliance therapy
D8220 Fixed appliance therapy

OTHER ORTHODONTIC SERVICES

D8660 Pre-orthodontic treatment examination to monitor growth and development
D8670 Periodic orthodontic treatment visit
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 Removable orthodontic retainer adjustment
D8690 Orthodontic treatment (alternative billing to a contract fee)

D8695 Removal of fixed orthodontic appliance(s) - other than at conclusion of treatment
D8696 Repair of orthodontic appliance – maxillary
D8697 Repair of orthodontic appliance – mandibular
D8698 Re-cement or re-bond fixed retainer – maxillary
D8699 Re-cement or re-bond fixed retainer – mandibular
D8701 Repair of fixed retainer, includes reattachment – maxillary
D8702 Repair of fixed retainer, includes reattachment – mandibular
D8703 Replacement of lost or broken retainer – maxillary
D8704 Replacement of lost or broken retainer – mandibular
D8999 Unspecified orthodontic procedure, by report

D9000-D9999 ADJUNCTIVE GENERAL SERVICES

UNCLASSIFIED TREATMENT

D9110 Palliative (emergency) treatment of dental pain - minor procedure
D9120 Fixed partial denture sectioning
D9130 Temporomandibular joint dysfunction - non-invasive physical therapies

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 moderate sedation, deep sedation or general anesthesia
D9222 Deep sedation/general anesthesia - first 15 minutes
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment
D9230 Inhalation of nitrous oxide / analgesia, anxiolysis
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment
D9248 Non-intravenous conscious sedation

PROFESSIONAL CONSULTATION

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311 Consultation with a medical health care professional

PROFESSIONAL VISITS

D9410 House/extended care facility call
D9420 Hospital or ambulatory surgical center call
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed
D9440 Office visit - after regularly scheduled hours
D9450 Case presentation, detailed and extensive treatment planning

DRUGS

D9610 Therapeutic parenteral drug, single administration
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
D9613 Infiltration of sustained release therapeutic drug – per quadrant
D9630 Drugs or medicaments dispensed in the office for home use

MISCELLANEOUS SERVICES

D9910 Application of desensitizing medicament
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
D9912 Pre-visit patient screening
D9920 Behavior management, by report
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report
D9932 Cleaning and inspection of removable complete denture, maxillary
D9933 Cleaning and inspection of removable complete denture, mandibular
D9934 Cleaning and inspection of removable partial denture, maxillary
D9935 Cleaning and inspection of removable partial denture, mandibular
D9941 Fabrication of athletic mouthguard
D9942 Repair and/or reline of occlusal guard
D9943 Occlusal guard adjustment
D9944 Occlusal guard - hard appliance, full arch
D9945 Occlusal guard - soft appliance, full arch
D9946 Occlusal guard - hard appliance, partial arch
D9947 Custom sleep apnea appliance fabrication and placement
D9948 Adjustment of Custom sleep apnea appliance
D9949 Repair of a Custom sleep apnea appliance
D9950 Occlusion analysis - mounted case
D9951 Occlusal adjustment - limited
D9952 Occlusal adjustment - complete
D9961 Duplicate/copy patient's records
D9970 Enamel microabrasion
D9971 Odontoplasty per tooth
D9972  External bleaching - per arch - performed in office
D9973  External bleaching - per tooth
D9974  Internal bleaching - per tooth
D9975  External bleaching for home application, per arch; includes materials and fabrication of custom trays

NON-CLINICAL PROCEDURES
D9985  Sales tax
D9986  Missed appointment
D9987  Cancelled appointment
D9991  Dental case management - addressing appointment compliance barriers
D9992  Dental case management - care coordination
D9993  Dental case management - motivational interviewing
D9994  Dental case management - patient education to improve oral health literacy
D9995  Teledentistry - synchronous; real-time encounter
D9996  Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review
D9997  Dental case management – patients with special health care needs
D9999  Unspecified adjunctive procedure, by report