D0100-D0999 DIAGNOSTIC

CLINICAL ORAL EVALUATIONS

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

PRE-DIAGNOSTIC SERVICES

D0190 Screening of a patient
D0191 Assessment of a patient

DIAGNOSTIC IMAGING
Image Capture with Interpretation

D0210 Intraoral - complete series of radiographic images
D0220 Intraoral - periapical first radiographic image
D0230 Intraoral - periapical each additional radiographic image
D0240 Intraoral - occlusal radiographic image
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector

D0251 Extraoral posterior dental radiographic image
D0270 Bitewing - single radiographic image
D0272 Bitewings - two radiographic images
D0273 Bitewings - three radiographic images
D0274 Bitewings - four radiographic images
D0277 Vertical bitewings - 7 to 8 radiographic images

D0290 Posterior-anterior or lateral skull and facial bone survey radiographic image
D0310 Sialography
D0320 Temporomandibular joint arthrogram, including injection
D0321 Other temporomandibular joint radiographic images, by report
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally
D0351 3D photographic image
D0364 Cone beam CT capture and interpretation with limited field of view – less than one whole jaw
D0365 Cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366 Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367 Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368 Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369 Maxillofacial MRI capture and interpretation
D0370 Maxillofacial ultrasound capture and interpretation
D0371 Sialoendoscopy capture and interpretation
Image Capture Only
D0380 Cone beam CT image capture with limited field of view – less than one whole jaw
D0381 Cone beam CT image capture with field of view of one full dental arch – mandible
D0382 Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383 Cone beam CT image capture with field of view of both jaws; with or without cranium
D0384 Cone beam CT image capture for TMJ series including two or more exposures
D0385 Maxillofacial MRI image capture
D0386 Maxillofacial ultrasound image capture

Interpretation and Report Only
D0391 Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

Post Processing of Image or Image Sets
D0393 Treatment simulation using 3D image volume
D0394 Digital subtraction of two or more images or image volumes of the same modality
D0395 Fusion of two or more 3D image volumes of one or more modalities

TESTS AND EXAMINATIONS
D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0415 Collection of microorganisms for culture and sensitivity
D0416 Viral culture
D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 Analysis of saliva sample
D0422 Collection and preparation of genetic sample material for laboratory analysis and report
D0423 Genetic test for susceptibility to disease - specimen analysis
D0425 Caries susceptibility tests
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460 Pulp vitality tests
D0470 Diagnostic casts
D0600* Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum
D0601* Caries risk assessment and documentation, with a finding of low risk
D0602* Caries risk assessment and documentation, with a finding of moderate risk
D0603* Caries risk assessment and documentation, with a finding of high risk

ORAL PATHOLOGY LABORATORY
D0472 Accession of tissue, gross examination, preparation and transmission of written report
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0480* Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0486* Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report

*Procedure code is not in numeric order.
D0475 Decalcification procedure
D0476 Special stains for microorganisms
D0477 Special stains, not for microorganisms
D0478 Immunohistochemical stains
D0479 Tissue in-situ hybridization, including interpretation
D0481 Electron microscopy
D0482 Direct immunofluorescence
D0483 Indirect immunofluorescence
D0484 Consultation on slides prepared elsewhere
D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
D0502 Other oral pathology procedures, by report
D0999 Unspecified diagnostic procedure, by report

**D1000-D1999 PREVENTIVE**

DENTAL PROPHYLAXIS

D1110 Prophylaxis - adult
D1120 Prophylaxis - child

TOPOCAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

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

OTHER PREVENTIVE SERVICES

D1310 Nutritional counseling for control of dental disease
D1320 Tobacco counseling for the control and prevention of oral disease
D1330 Oral hygiene instructions
D1351 Sealant - per tooth
D1353* Sealant repair - per tooth
D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1354 Interim caries arresting medicament application

SPACE MAINTENANCE (PASSIVE APPLIANCES)

D1510 Space maintainer - fixed - unilateral
D1515 Space maintainer - fixed - bilateral
D1520 Space maintainer - removable - unilateral
D1525 Space maintainer - removable - bilateral
D1550 Re-cement or re-bond space maintainer
D1555 Removal of fixed space maintainer
D1575 Distal shoe space maintainer - fixed - unilateral

D1999 Unspecified preventive procedure, by report

**D2000-D2999 RESTORATIVE**

AMALGAM RESTORATIONS (INCLUDING POLISHING)

D2140 Amalgam - one surface, primary or permanent
D2150 Amalgam - two surfaces, primary or permanent
## AMERICAN DENTAL ASSOCIATION CDT-2017
### CODE ON DENTAL PROCEDURES AND NOMENCLATURE
### Effective January 1, 2017

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
</tr>
</tbody>
</table>

### RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2330</td>
<td>Resin-based composite - one surface, anterior</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite - two surfaces, anterior</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite - three surfaces, anterior</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle (anterior)</td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite - one surface, posterior</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite - two surfaces, posterior</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite - three surfaces, posterior</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite - four or more surfaces, posterior</td>
</tr>
</tbody>
</table>

### GOLD FOIL RESTORATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2410</td>
<td>Gold foil - one surface</td>
</tr>
<tr>
<td>D2420</td>
<td>Gold foil - two surfaces</td>
</tr>
<tr>
<td>D2430</td>
<td>Gold foil - three surfaces</td>
</tr>
</tbody>
</table>

### INLAY/ONLAY RESTORATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2510</td>
<td>Inlay - metallic - one surface</td>
</tr>
<tr>
<td>D2520</td>
<td>Inlay - metallic - two surfaces</td>
</tr>
<tr>
<td>D2530</td>
<td>Inlay - metallic - three or more surfaces</td>
</tr>
<tr>
<td>D2542</td>
<td>Onlay - metallic - two surfaces</td>
</tr>
<tr>
<td>D2543</td>
<td>Onlay - metallic - three surfaces</td>
</tr>
<tr>
<td>D2544</td>
<td>Onlay - metallic - four or more surfaces</td>
</tr>
<tr>
<td>D2610</td>
<td>Inlay - porcelain/ceramic - one surface</td>
</tr>
<tr>
<td>D2620</td>
<td>Inlay - porcelain/ceramic - two surfaces</td>
</tr>
<tr>
<td>D2630</td>
<td>Inlay - porcelain/ceramic - three or more surfaces</td>
</tr>
<tr>
<td>D2642</td>
<td>Onlay - porcelain/ceramic - two surfaces</td>
</tr>
<tr>
<td>D2643</td>
<td>Onlay - porcelain/ceramic - three surfaces</td>
</tr>
<tr>
<td>D2644</td>
<td>Onlay - porcelain/ceramic - four or more surfaces</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2650</td>
<td>Inlay - resin-based composite - one surface</td>
</tr>
<tr>
<td>D2651</td>
<td>Inlay - resin-based composite - two surfaces</td>
</tr>
<tr>
<td>D2652</td>
<td>Inlay - resin-based composite - three or more surfaces</td>
</tr>
<tr>
<td>D2662</td>
<td>Onlay - resin-based composite - two surfaces</td>
</tr>
<tr>
<td>D2663</td>
<td>Onlay - resin-based composite - three surfaces</td>
</tr>
<tr>
<td>D2664</td>
<td>Onlay - resin-based composite - four or more surfaces</td>
</tr>
</tbody>
</table>

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

### CROWNS - SINGLE RESTORATIONS ONLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2710</td>
<td>Crown - resin-based composite (indirect)</td>
</tr>
<tr>
<td>D2712</td>
<td>Crown - ¾ resin-based composite (indirect)</td>
</tr>
<tr>
<td>D2720</td>
<td>Crown - resin with high noble metal</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown - resin with predominantly base metal</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown - resin with noble metal</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - porcelain/ceramic substrate</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
</tr>
</tbody>
</table>
D2751  Crown - porcelain fused to predominantly base metal
D2752  Crown - porcelain fused to noble metal
D2780  Crown - 3/4 cast high noble metal
D2781  Crown - 3/4 cast predominantly base metal
D2782  Crown - 3/4 cast noble metal
D2783  Crown - 3/4 porcelain/ceramic
D2790  Crown - full cast high noble metal
D2791  Crown - full cast predominantly base metal
D2792  Crown - full cast noble metal
D2794  Crown - titanium
D2799  Provisional crown– further treatment or completion of diagnosis necessary prior to final impression

OTHER RESTORATIVE SERVICES

D2990*  Resin infiltration of incipient smooth surface lesions
D2910  Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2915  Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920  Re-cement or re-bond crown
D2921  Reattachment of tooth fragment, incisal edge or cusp
D2929  Prefabricated porcelain/ceramic crown – primary tooth
D2930  Prefabricated stainless steel crown - primary tooth
D2931  Prefabricated stainless steel crown - permanent tooth
D2932  Prefabricated resin crown
D2933  Prefabricated stainless steel crown with resin window
D2934  Prefabricated esthetic coated stainless steel crown - primary tooth
D2940  Protective restoration
D2941  Interim therapeutic restoration – primary dentition
D2949  Restorative foundation for an indirect restoration
D2950  Core buildup, including any pins when required
D2951  Pin retention - per tooth, in addition to restoration
D2952  Post and core in addition to crown, indirectly fabricated
D2953  Each additional indirectly fabricated post - same tooth
D2954  Prefabricated post and core in addition to crown
D2957*  Each additional prefabricated post - same tooth
D2955  Post removal
D2960  Labial veneer (resin laminate) - chairside
D2961  Labial veneer (resin laminate) - laboratory
D2962  Labial veneer (porcelain laminate) - laboratory
D2971  Additional procedures to construct new crown under existing partial denture framework
D2975  Coping
D2980  Crown repair necessitated by restorative material failure
D2981  Inlay repair necessitated by restorative material failure
D2982  Onlay repair necessitated by restorative material failure
D2983  Veneer repair necessitated by restorative material failure
D2999  Unspecified restorative procedure, by report

D3000-D3999 ENDODONTICS

PULP CAPPING

D3110  Pulp cap - direct (excluding final restoration)
D3120  Pulp cap - indirect (excluding final restoration)

PULPOTOMY
D3220  Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221  Pulpal debridement, primary and permanent teeth
D3222  Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development

ENDODONTIC THERAPY ON PRIMARY TEETH
D3230  Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240  Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)
D3310  Endodontic therapy, anterior tooth (excluding final restoration)
D3320  Endodontic therapy, bicuspid tooth (excluding final restoration)
D3330  Endodontic therapy, molar (excluding final restoration)
D3331  Treatment of root canal obstruction; non-surgical access
D3332  Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333  Internal root repair of perforation defects

ENDODONTIC RETREATMENT
D3346  Retreatment of previous root canal therapy - anterior
D3347  Retreatment of previous root canal therapy - bicuspid
D3348  Retreatment of previous root canal therapy - molar

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

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

APICOECTOMY/PERIRADICULAR SERVICES
D3410  Apicoectomy - anterior
D3421  Apicoectomy - bicuspid (first root)
D3425  Apicoectomy - molar (first root)
D3426  Apicoectomy (each additional root)
D3427  Periradicular surgery without apicoectomy
D3428  Bone graft in conjunction with periradicular surgery – per tooth, single site
D3429  Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
D3430  Retrograde filling - per root
D3431  Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432  Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D3450  Root amputation - per root
D3460  Endodontic endosseous implant
D3470  Intentional re-implantation (including necessary splinting)

OTHER ENDODONTIC PROCEDURES
D3910  Surgical procedure for isolation of tooth with rubber dam
D3920  Hemisection (including any root removal), not including root canal therapy
D3950  Canal preparation and fitting of preformed dowel or post
D3999  Unspecified endodontic procedure, by report

D4000-D4999  PERIODONTICS

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)
D4210  Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
D4211  Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
D4212  Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230  Anatomical crown exposure - four or more contiguous teeth per quadrant
D4231  Anatomical crown exposure - one to three teeth per quadrant
D4240  Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
D4241  Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant
D4245  Apically positioned flap
D4249  Clinical crown lengthening - hard tissue
D4260  Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
D4261  Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
D4263  Bone replacement graft - retained natural tooth - first site in quadrant
D4264  Bone replacement graft - retained natural tooth - each additional site in quadrant
D4265  Biologic materials to aid in soft and osseous tissue regeneration
D4266  Guided tissue regeneration - resorbable barrier, per site
D4267  Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
D4268  Surgical revision procedure, per tooth
D4270  Pedicle soft tissue graft procedure
D4273  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
D4283*  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4275*  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4285* Non-autogenous connective tissue graft (including recipient surgical site and donor material) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site

D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)

D4276 Combined connective tissue and double pedicle graft, per tooth

D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft

D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site

NON-SURGICAL PERIODONTAL SERVICE

D4320 Provisional splinting - intracoronal
D4321 Provisional splinting - extracoronal
D4341 Periodontal scaling and root planing - four or more teeth per quadrant
D4342 Periodontal scaling and root planing - one to three teeth per quadrant

D4346 Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

OTHER PERIODONTAL SERVICES

D4910 Periodontal maintenance
D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)
D4921 Gingival irrigation – per quadrant
D4999 Unspecified periodontal procedure, by report

D5000-D5899 PROSTHODONTICS (removable)

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5110 Complete denture - maxillary
D5120 Complete denture - mandibular
D5130 Immediate denture - maxillary
D5140 Immediate denture - mandibular

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5222 Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5223</td>
<td>Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5224</td>
<td>Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture - flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5281</td>
<td>Removable unilateral partial denture - one piece cast metal (including clasps and teeth)</td>
</tr>
</tbody>
</table>

**ADJUSTMENTS TO DENTURES**

<table>
<thead>
<tr>
<th>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>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>D5510</td>
<td>Repair broken complete denture base</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>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
</tr>
<tr>
<td>D5620</td>
<td>Repair cast framework</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp - 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>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>
</tbody>
</table>

**DENTURE RELINE PROCEDURES**

<table>
<thead>
<tr>
<th>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>
<tr>
<td>D5761</td>
<td>Reline mandibular partial denture (laboratory)</td>
</tr>
</tbody>
</table>

**INTERIM PROSTHESIS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D5810</td>
<td>Interim complete denture (maxillary)</td>
</tr>
<tr>
<td>D5811</td>
<td>Interim complete denture (mandibular)</td>
</tr>
<tr>
<td>D5820</td>
<td>Interim partial denture (maxillary)</td>
</tr>
</tbody>
</table>

*Procedure code is not in numeric order.

New - yellow  
Deleted - red  
Revised nomenclature - blue
D5821  Interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

D5850  Tissue conditioning, maxillary
D5851  Tissue conditioning, mandibular
D5862  Precision attachment, by report
D5863  Overdenture – complete maxillary
D5864  Overdenture – partial maxillary
D5865  Overdenture – complete mandibular
D5866  Overdenture – partial mandibular
D5867  Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875  Modification of removable prosthesis following implant surgery
D5899  Unspecified removable prosthodontic procedure, by report

D5900-D5999  MAXILLOFACIAL PROSTHETICS

*All codes in this section are ordered alphabetically and not numerically.

D5900  Adjust maxillofacial prosthetic appliance, by report
D5901  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

*Procedure code is not in numeric order.  Revised nomenclature - blue
D5988  Surgical splint
D5982  Surgical stent
D5937  Trismus appliance (not for TMD treatment)

CARRIERS
D5986*  Fluoride gel carrier
D5994  Periodontal medicament carrier with peripheral seal – laboratory processed
D5983*  Radiation carrier
D5991*  Vesiculobullous disease medicament carrier
D5999  Unspecified maxillofacial prosthesis, by report

**D6000-D6199  IMPLANT SERVICES**

PRE-SURGICAL SERVICES
D6190*  Radiographic/surgical implant index, by report

SURGICAL SERVICES
D6010  Surgical placement of implant body: endosteal implant
D6011  Second stage implant surgery
D6012  Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013  Surgical placement of mini implant
D6040  Surgical placement: eposteal implant
D6050  Surgical placement: transosteal implant
D6100*  Implant removal, by report
D6101*  Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102*  Debridement and osseous contouring of a peri-implant defect or defects 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 abutment
D6052  Semi-precision attachment abutment

Implant/abutment supported removable dentures
D6110*  Implant/abutment supported removable denture for edentulous arch - maxillary
D6111*  Implant/abutment supported removable denture for edentulous arch - mandibular
D6112*  Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113*  Implant/abutment supported removable denture for partially edentulous arch - mandibular
Implant/abutment supported fixed dentures (hybrid)

D6114* Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115* Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116* Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117* Implant/abutment supported fixed denture for partially edentulous arch - mandibular

Single Crowns, Abutment Supported

D6058 Abutment supported porcelain/ceramic crown
D6059 Abutment supported porcelain fused to metal crown (high noble metal)
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 Abutment supported porcelain fused to metal crown (noble metal)
D6062 Abutment supported cast metal crown (high noble metal)
D6063 Abutment supported cast metal crown (predominantly base metal)
D6064 Abutment supported cast metal crown (noble metal)
D6094* Abutment supported crown (titanium)

Single Crowns, Implant Supported

D6065 Implant supported porcelain/ceramic crown
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)

Fixed Partial Denture, Abutment Supported

D6068 Abutment supported retainer for porcelain/ceramic FPD
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6194* Abutment supported retainer crown for FPD (titanium)

Fixed Partial Denture, Implant Supported

D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

OTHER IMPLANT SERVICES

D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6081 Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6085 Provisional implant crown

D6090 Repair implant supported prosthesis, by report
D6095* Repair implant abutment, by report
D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092  Re-cement or re-bond implant/abutment supported crown
D6093  Re-cement or re-bond implant/abutment supported fixed partial denture
D6199  Unspecified implant procedure, by report

**D6200-D6999 PROSTHODONTICS (fixed)**

**FIXED PARTIAL DENTURE PONTICS**

D6205  Pontic - indirect resin based composite
D6210  Pontic - cast high noble metal
D6211  Pontic - cast predominantly base metal
D6212  Pontic - cast noble metal
D6214  Pontic - titanium
D6240  Pontic - porcelain fused to high noble metal
D6241  Pontic - porcelain fused to predominantly base metal
D6242  Pontic - porcelain fused to noble metal
D6245  Pontic - porcelain/ceramic
D6250  Pontic - resin with high noble metal
D6251  Pontic - resin with predominantly base metal
D6252  Pontic - resin with noble metal
D6253  Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression

**FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS**

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

**FIXED PARTIAL DENTURE RETAINERS - CROWNS**

D6710  Retainer crown - indirect resin based composite
D6720  Retainer crown - resin with high noble metal
D6721  Retainer crown - resin with predominantly base metal
D6722  Retainer crown - resin with noble metal
D6740  Retainer crown - porcelain/ceramic
D6750  Retainer crown - porcelain fused to high noble metal
D6751  Retainer crown - porcelain fused to predominantly base metal
D6752  Retainer crown - porcelain fused to noble metal
D6780  Retainer crown - 3/4 cast high noble metal
D6781  Retainer crown - 3/4 cast predominantly base metal
D6782  Retainer crown - 3/4 cast noble metal
D6783  Retainer crown - 3/4 porcelain/ceramic
D6790  Retainer crown - full cast high noble metal
D6791  Retainer crown - full cast predominantly base metal
D6792  Retainer crown - full cast noble metal
D6794*  Retainer crown - titanium
D6793  Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression

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

D7000-D7999 ORAL & MAXILLOFACIAL SURGERY

EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)
D7111  Extraction, coronal remnants - deciduous tooth
D7140  Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210  Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220  Removal of impacted tooth - soft tissue
D7230  Removal of impacted tooth - partially bony
D7240  Removal of impacted tooth - completely bony
D7241  Removal of impacted tooth - completely bony, with unusual surgical complications
D7250  Removal of residual tooth roots (cutting procedure)
D7251  Coronectomy – intentional partial tooth removal

OTHER SURGICAL PROCEDURES
D7260  Oroantral fistula closure
D7261  Primary closure of a sinus perforation
D7270  Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272  Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)
D7280  Exposure of an unerupted tooth
D7282  Mobilization of erupted or malpositioned tooth to aid eruption
D7283  Placement of device to facilitate eruption of impacted tooth
D7285  Incisional biopsy of oral tissue - hard (bone, tooth)
D7286  Incisional biopsy of oral tissue - soft
D7287  Exfoliative cytological sample collection
D7288  Brush biopsy - transepithelial sample collection
D7290  Surgical repositioning of teeth
D7291  Transseptal fiberotomy/supra crestal fiberotomy, by report
D7292  Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
D7293  Placement of temporary anchorage device requiring flap; includes device removal
D7294  Placement of temporary anchorage device without flap; includes device removal
D7295  Harvest of bone for use in autogenous grafting procedure

ALVEOLOPLASTY - PREPARATION OF RIDGE

D7310  Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311  Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320  Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321  Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

VESTIBULOPLASTY

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

EXCISION OF SOFT TISSUE LESIONS

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

EXCISION OF INTRA-OSSEOUS LESIONS

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

EXCISION OF BONE TISSUE

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

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

**TREATMENT OF CLOSED FRACTURES**

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

**TREATMENT OF OPEN FRACTURES**

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

**REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS**

- **D7810** Open reduction of dislocation
- **D7820** Closed reduction of dislocation
- **D7830** Manipulation under anesthesia
- **D7840** Condylectomy
- **D7850** Surgical discectomy, with/without implant
- **D7852** Disc repair
- **D7854** Synovectomy
- **D7856** Myotomy
- **D7858** Joint reconstruction
- **D7860** Arthrotomy
- **D7865** Arthroplasty
- **D7870** Arthrocentesis
- **D7871** Non-arthroscopic lysis and lavage
- **D7872** Arthroscopy - diagnosis, with or without biopsy
D7873 Arthroscopy:  lavage and lysis of adhesions
D7874 Arthroscopy:  disc repositioning and stabilization
D7875 Arthroscopy:  synovectomy
D7876 Arthroscopy:  discectomy
D7877 Arthroscopy:  debridement
D7880 Occlusal orthotic device, by report
D7881 Occlusal orthotic device adjustment
D7899 Unspecified TMD therapy, by report

REPAIR OF TRAUMATIC WOUNDS
D7910 Suture of recent small wounds up to 5 cm

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)
D7911 Complicated suture - up to 5 cm
D7912 Complicated suture - greater than 5 cm

OTHER REPAIR PROCEDURES
D7920 Skin graft (identify defect covered, location and type of graft)
D7921 Collection and application of autologous blood concentrate product
D7940 Osteoplasty - for orthognathic deformities
D7941 Osteotomy - mandibular rami
D7943 Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944 Osteotomy - segmented or subapical
D7945 Osteotomy - body of mandible
D7946 LeFort I (maxilla - total)
D7947 LeFort I (maxilla - segmented)
D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949 LeFort II or LeFort III - with bone graft
D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952 Sinus augmentation via a vertical approach
D7953 Bone replacement graft for ridge preservation - per site
D7955 Repair of maxillofacial soft and/or hard tissue defect
D7960 Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure
D7963 Frenuloplasty
D7970 Excision of hyperplastic tissue - per arch
D7971 Excision of pericoronar gingiva
D7972 Surgical reduction of fibrous tuberosity
D7980 Sialolithotomy
D7981 Excision of salivary gland, by report
D7982 Sialodochoplasty
D7983 Closure of salivary fistula
D7990 Emergency tracheotomy
D7991 Coronoidectomy
D7995 Synthetic graft - mandible or facial bones, by report
D7996 Implant-mandible for augmentation purposes (excluding alveolar ridge), by report

*Procedure code is not in numeric order.  Revised nomenclature - blue
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7997</td>
<td>Appliance removal (not by dentist who placed appliance), includes removal of archbar</td>
</tr>
<tr>
<td>D7998</td>
<td>Intraoral placement of a fixation device not in conjunction with a fracture</td>
</tr>
<tr>
<td>D7999</td>
<td>Unspecified oral surgery procedure, by report</td>
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</tbody>
</table>

**D8000-D8999 ORTHODONTICS**

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

**INTERCEPTIVE ORTHODONTIC TREATMENT**
- D8050 Interceptive orthodontic treatment of the primary dentition
- D8060 Interceptive orthodontic treatment of the transitional dentition

**COMPREHENSIVE ORTHODONTIC TREATMENT**
- D8070 Comprehensive orthodontic treatment of the transitional dentition
- D8080 Comprehensive orthodontic treatment of the adolescent dentition
- D8090 Comprehensive orthodontic treatment of the adult dentition

**MINOR TREATMENT TO CONTROL HARMFUL HABITS**
- D8210 Removable appliance therapy
- D8220 Fixed appliance therapy

**OTHER ORTHODONTIC SERVICES**
- D8660 Pre-orthodontic treatment examination to monitor growth and development
- D8670 Periodic orthodontic treatment visit
- D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
- D8681 Removable orthodontic retainer adjustment
- D8690 Orthodontic treatment (alternative billing to a contract fee)
- D8691 Repair of orthodontic appliance
- D8692 Replacement of lost or broken retainer
- D8693 Re-cement or re-bond fixed retainer
- D8694 Repair of fixed retainers, includes reattachment
- D8999 Unspecified orthodontic procedure, by report

**D9000-D9999 ADJUNCTIVE GENERAL SERVICES**

**UNCLASSIFIED TREATMENT**
- D9110 Palliative (emergency) treatment of dental pain - minor procedure
- D9120 Fixed partial denture sectioning

**ANESTHESIA**
- D9210 Local anesthesia not in conjunction with operative or surgical procedures
D9211 Regional block anesthesia
D9212 Trigeminal division block anesthesia
D9215 Local anesthesia in conjunction with operative or surgical procedures
D9219 Evaluation for deep sedation or general anesthesia
D9223 Deep sedation/general anesthesia - each 15 minute increment
D9230 Inhalation of nitrous oxide / analgesia, anxiolysis
D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment
D9248 Non-intravenous conscious sedation

PROFESSIONAL CONSULTATION

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

PROFESSIONAL VISITS

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

DRUGS

D9610 Therapeutic parenteral drug, single administration
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
D9630 Drugs or medicaments dispensed in the office for home use

MISCELLANEOUS SERVICES

D9910 Application of desensitizing medicament
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
D9920 Behavior management, by report
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report
D9932 Cleaning and inspection of removable complete denture, maxillary
D9933 Cleaning and inspection of removable complete denture, mandibular
D9934 Cleaning and inspection of removable partial denture, maxillary
D9935 Cleaning and inspection of removable partial denture, mandibular
D9940 Occlusal guard, by report
D9941 Fabrication of athletic mouthguard
D9942 Repair and/or reline of occlusal guard
D9943 Occlusal guard adjustment
D9950 Occlusion analysis - mounted case
D9951 Occlusal adjustment - limited
D9952 Occlusal adjustment - complete
D9970 Enamel microabrasion
D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections
D9972 External bleaching - per arch - performed in office
D9973 External bleaching - per tooth
D9974 Internal bleaching - per tooth
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays
### NON-CLINICAL PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9985</td>
<td>Sales tax</td>
</tr>
<tr>
<td>D9986</td>
<td>Missed appointment</td>
</tr>
<tr>
<td>D9987</td>
<td>Cancelled appointment</td>
</tr>
<tr>
<td>D9991</td>
<td>Dental case management - addressing appointment compliance barriers</td>
</tr>
<tr>
<td>D9992</td>
<td>Dental case management - care coordination</td>
</tr>
<tr>
<td>D9993</td>
<td>Dental case management - motivational interviewing</td>
</tr>
<tr>
<td>D9994</td>
<td>Dental case management - patient education to improve oral health literacy</td>
</tr>
<tr>
<td>D9999</td>
<td>Unspecified adjunctive procedure, by report</td>
</tr>
</tbody>
</table>