# AMERICAN DENTAL ASSOCIATION CDT-2011/2012
## CODE ON DENTAL PROCEDURES AND NOMENCLATURE
### Effective January 1, 2011

## 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)
- **D0180** Comprehensive periodontal evaluation - new or established patient

## RADIOGRAPHS/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)
- **D0210** Intraoral - complete series (including bitewings)
- **D0220** Intraoral - periapical-first film
- **D0230** Intraoral - periapical-each additional film
- **D0240** Intraoral - occlusal film
- **D0250** Extraoral - first film
- **D0260** Extraoral - each additional film
- **D0270** Bitewing - single film
- **D0272** Bitewings - two films
- **D0273** Bitewings - three films
- **D0274** Bitewings - four films
- **D0277** Vertical bitewings - 7 to 8 films
- **D0290** Posterior-anterior or lateral skull and facial bone survey film
- **D0310** Sialography
- **D0320** Temporomandibular joint arthrogram including injection
- **D0321** Other temporomandibular joint films, by report
- **D0322** Tomographic survey
- **D0330** Panoramic film
- **D0340** Cephalometric film
- **D0350** Oral/facial photographic images
- **D0360** Cone beam CT - craniofacial data capture
- **D0362** Cone beam - two dimensional image reconstruction using existing data, includes multiple images
- **D0363** Cone beam - three dimensional image reconstruction using existing data, includes multiple images

## TESTS AND EXAMINATIONS
- **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
- **D0421** Genetic test for susceptibility to oral disease
- **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
ORAL PATHOLOGY LABORATORY (USE CODES D0472-D0474)

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* Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
*Procedure code not in numerical 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 – diagnostic
D0482 Direct immunofluorescence
D0483 Indirect immunofluorescence
D0484 Consultation on slides prepared elsewhere
D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
D0502 Other oral pathology procedures, by report
D0999 Unspecified diagnostic procedure, by report

D1000–D1999 PREVENTIVE

DENTAL PROPHYLAXIS

D1110 Prophylaxis-adult
D1120 Prophylaxis-child

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1203 Topical application of fluoride - child
D1204 Topical application of fluoride - adult
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients

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
D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

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-cementation of space maintainer
D1555 Removal of fixed space maintainer
# 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
- **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

## Crowns – Single Restorations Only

- **D2710** Crown - resin-based composite (indirect)
- **D2712** Crown - 3/4 resin-based composite (indirect)
- **D2720** Crown - resin with high noble metal
- **D2721** Crown - resin with predominantly base metal
- **D2722** Crown - resin with noble metal
- **D2740** Crown - porcelain/ceramic substrate
- **D2750** Crown - porcelain fused to high noble metal
- **D2751** Crown - porcelain fused to predominantly base metal
D2752  Crown - porcelain fused to noble metal
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

OTHER RESTORATIVE SERVICES

D2910  Recement inlay, onlay or partial coverage restoration
D2915  Recement cast or prefabricated post and core
D2920  Recement crown
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
D2950  Core buildup, including any pins
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
D2955  Post removal (not in conjunction with endodontic therapy)
D2957  Each additional prefabricated post - same tooth
D2960  Labial veneer (resin laminate) - chairside
D2961  Labial veneer (resin laminate) - laboratory
D2962  Labial veneer (porcelain laminate) - laboratory
D2970  Temporary crown (fractured tooth)
D2971  Additional procedures to construct new crown under existing partial denture framework
D2975  Coping
D2980  Crown repair, by report
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)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D3310</td>
<td>Endodontic therapy, anterior tooth (excluding final restoration)</td>
</tr>
<tr>
<td>D3320</td>
<td>Endodontic therapy, bicuspid tooth (excluding final restoration)</td>
</tr>
<tr>
<td>D3330</td>
<td>Endodontic therapy, molar (excluding final restoration)</td>
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<tr>
<td>D3331</td>
<td>Treatment of root canal obstruction; non-surgical access</td>
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<tr>
<td>D3332</td>
<td>Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth</td>
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<tr>
<td>D3333</td>
<td>Internal root repair of perforation defects</td>
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</tbody>
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ENDODONTIC RETREATMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy - anterior</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy - bicuspid</td>
</tr>
<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy - molar</td>
</tr>
</tbody>
</table>

APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D3351</td>
<td>Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)</td>
</tr>
<tr>
<td>D3352</td>
<td>Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)</td>
</tr>
<tr>
<td>D3353</td>
<td>Apexification/recalcification - final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)</td>
</tr>
<tr>
<td>D3354</td>
<td>Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration</td>
</tr>
</tbody>
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APICOECTOMY/PERIRADICULAR SERVICES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D3410</td>
<td>Apicoectomy/periradicular surgery - anterior</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicoectomy/periradicular surgery - bicuspid (first root)</td>
</tr>
<tr>
<td>D3425</td>
<td>Apicoectomy/periradicular surgery - molar (first root)</td>
</tr>
<tr>
<td>D3426</td>
<td>Apicoectomy/periradicular surgery (each additional root)</td>
</tr>
<tr>
<td>D3430</td>
<td>Retrograde filling - per root</td>
</tr>
<tr>
<td>D3450</td>
<td>Root amputation - per root</td>
</tr>
<tr>
<td>D3460</td>
<td>Endodontic endosseous implant</td>
</tr>
<tr>
<td>D3470</td>
<td>Intentional reimplantation (including necessary splinting)</td>
</tr>
</tbody>
</table>

OTHER ENDODONTIC PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D3910</td>
<td>Surgical procedure for isolation of tooth with rubber dam</td>
</tr>
<tr>
<td>D3920</td>
<td>Hemisection (including any root removal), not including root canal therapy</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>
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</tbody>
</table>

D4000-D4999 PERIODONTICS

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

<table>
<thead>
<tr>
<th>Code</th>
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<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>D4230</td>
<td>Anatomical crown exposure - four or more contiguous teeth per quadrant</td>
</tr>
<tr>
<td>D4231</td>
<td>Anatomical crown exposure - one to three teeth per quadrant</td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
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</table>
D4241  Gingival flap procedure, including root planning - 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 flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
D4261  Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
D4263  Bone replacement graft - first site in quadrant
D4264  Bone replacement graft - 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
D4271  Free soft tissue graft procedure (including donor site surgery)
D4273  Subepithelial connective tissue graft procedures, per tooth
D4274  Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275  Soft tissue allograft
D4276  Combined connective tissue and double pedicle graft, per tooth

NON-SURGICAL PERIODONTAL SERVICES

D4320  Provisional splinting - intracoronal
D4321  Provisional splinting - extracoronal
D4341  Periodontal scaling and root planning - four or more teeth per quadrant
D4342  Periodontal scaling and root planning - one to three teeth, per quadrant
D4355  Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381  Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

OTHER PERIODONTAL SERVICES

D4910  Periodontal maintenance
D4920  Unscheduled dressing change (by someone other than treating dentist)
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)
D5225  Maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226  Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281  Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
ADJUSTMENTS TO DENTURES

D5410  Adjust complete denture, maxillary
D5411  Adjust complete denture, mandibular
D5421  Adjust partial denture, maxillary
D5422  Adjust partial denture, mandibular

REPAIRS TO COMPLETE DENTURES

D5510  Repair broken complete denture base
D5520  Replace missing or broken teeth - complete denture (each tooth)

REPAIRS TO PARTIAL DENTURES

D5610  Repair resin denture base
D5620  Repair cast framework
D5630  Repair or replace broken clasp
D5640  Replace broken teeth - per tooth
D5650  Add tooth to existing partial denture
D5660  Add clasp to existing partial denture
D5670  Replace all teeth and acrylic on cast metal framework (maxillary)
D5671  Replace all teeth and acrylic on cast metal framework (mandibular)

DENTURE REBASE PROCEDURES

D5710  Rebase complete maxillary denture
D5711  Rebase complete mandibular denture
D5720  Rebase maxillary partial denture
D5721  Rebase mandibular partial denture

DENTURE RELINE PROCEDURES

D5730  Reline complete maxillary denture (chairside)
D5731  Reline complete mandibular denture (chairside)
D5740  Reline maxillary partial denture (chairside)
D5741  Reline mandibular partial denture (chairside)
D5750  Reline complete maxillary denture (laboratory)
D5751  Reline complete mandibular denture (laboratory)
D5760  Reline maxillary partial denture (laboratory)
D5761  Reline mandibular partial denture (laboratory)

INTERIM PROSTHESIS

D5810  Interim complete denture (maxillary)
D5811  Interim complete denture (mandibular)
D5820  Interim partial denture (maxillary)
D5821  Interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

D5850  Tissue conditioning, maxillary
D5851  Tissue conditioning, mandibular
D5860  Overdenture - complete, by report
D5861  Overdenture - partial, by report
D5862  Precision attachment, by report
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**

- D5911  Facial moulage (sectional)
- D5912  Facial moulage (complete)
- D5913  Nasal prosthesis
- D5914  Auricular prosthesis
- D5915  Orbital prosthesis
- D5916  Ocular prosthesis
- D5919  Facial prosthesis
- D5922  Nasal septal prosthesis
- D5923  Ocular prosthesis, interim
- D5924  Cranial prosthesis
- D5925  Facial augmentation implant prosthesis
- D5926  Nasal prosthesis, replacement
- D5927  Auricular prosthesis, replacement
- D5928  Orbital prosthesis, replacement
- D5929  Facial prosthesis, replacement
- D5931  Obturator prosthesis, surgical
- D5932  Obturator prosthesis, definitive
- D5933  Obturator prosthesis, modification
- D5934  Mandibular resection prosthesis with guide flange
- D5935  Mandibular resection prosthesis without guide flange
- D5936  Obturator prosthesis, interim
- D5937  Trismus appliance (not for TMD treatment)
- D5951  Feeding aid
- D5952  Speech aid prosthesis, pediatric
- D5953  Speech aid prosthesis, adult
- D5954  Palatal augmentation prosthesis
- D5955  Palatal lift prosthesis, definitive
- D5958  Palatal lift prosthesis, interim
- D5959  Palatal lift prosthesis, modification
- D5960  Speech aid prosthesis, modification
- D5982  Surgical stent
- D5983  Radiation carrier
- D5984  Radiation shield
- D5985  Radiation cone locator
- D5986  Fluoride gel carrier
- D5987  Commissure splint
- D5988  Surgical splint
- D5991  Topical medicament carrier
- D5992  Adjust maxillofacial prosthetic appliance, by report
- D5993  Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
- D5999  Unspecified maxillofacial prosthesis, by report

**D6000-D6199  IMPLANT SERVICES**

*Procedure codes in this section not in numerical order

**PRE-SURGICAL SERVICES**

- D6190  Radiographic/surgical implant index, by report

**SURGICAL SERVICES**

- D6010  Surgical placement of implant body: endosteal implant
- D6012  Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6040 Surgical placement: eposteal implant
D6050 Surgical placement: transosteal implant
D6100 Implant removal, by report

IMPLANT SUPPORTED PROSTHETICS
Supporting Structures
D6055 Connecting bar - implant supported or abutment supported
D6056 Prefabricated abutment - includes placement
D6057 Custom abutment - includes placement

Implant/Abutment Supported Removable Dentures
D6053 Implant/abutment supported removable denture for completely edentulous arch
D6054 Implant/abutment supported removable denture for partially edentulous arch

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)
D6078 Implant/abutment supported fixed denture for completely edentulous arch
D6079 Implant/abutment supported fixed denture for partially edentulous arch

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, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
D6090 Repair implant supported prosthesis, by report
D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092 Recement implant/abutment supported crown
D6093 Recement implant/abutment supported fixed partial denture
D6095 Repair implant abutment, by report
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
D6251 Pontic - resin with predominantly base metal
D6252 Pontic - resin with noble metal
D6253 Provisional pontic
D6254 Interim pontic

FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS

D6545 Retainer - cast metal for resin bonded fixed prosthesis
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6600 Inlay - porcelain/ceramic, two surfaces
D6601 Inlay - porcelain/ceramic, three or more surfaces
D6602 Inlay - cast high noble metal, two surfaces
D6603 Inlay - cast high noble metal, three or more surfaces
D6604 Inlay - cast predominantly base metal, two surfaces
D6605 Inlay - cast predominantly base metal, three or more surfaces
D6606 Inlay - cast noble metal, two surfaces
D6607 Inlay - cast noble metal, three or more surfaces
D6624* Inlay - titanium
*Procedure code not in numerical order
D6608 Onlay - porcelain/ceramic, two surfaces
D6609 Onlay - porcelain/ceramic, three or more surfaces
D6610 Onlay - cast high noble metal, two surfaces
D6611 Onlay - cast high noble metal, three or more surfaces
D6612 Onlay - cast predominantly base metal, two surfaces
D6613 Onlay - cast predominantly base metal, three or more surfaces
D6614 Onlay - cast noble metal, two surfaces
D6615 Onlay - cast noble metal, three or more surfaces
D6634 Onlay - titanium

FIXED PARTIAL DENTURE RETAINERS – CROWNS

D6710 Crown - indirect resin based composite
D6720 Crown - resin with high noble metal
D6721 Crown - resin with predominantly base metal
D6722 Crown - resin with noble metal
D6740 Crown - porcelain/ceramic
D6750 Crown - porcelain fused to high noble metal
D6751 Crown - porcelain fused to predominantly base metal
D6752 Crown - porcelain fused to noble metal
D6780 Crown - 3/4 cast high noble metal
D6781 Crown - 3/4 cast predominantly base metal
D6782 Crown - 3/4 cast noble metal
D6783 Crown - 3/4 porcelain/ceramic
D6790 Crown - full cast high noble metal
D6791 Crown - full cast predominantly base metal
D6792 Crown - full cast noble metal
D6794* Crown - titanium
  *Procedure code not in numerical order
D6793 Provisional retainer crown
D6795 Interim retainer crown

OTHER FIXED PARTIAL DENTURE SERVICES

D6920 Connector bar
D6930 Recement fixed partial denture
D6940 Stress breaker
D6950 Precision attachment
D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972 Prefabricated post and core in addition to fixed partial denture retainer
D6973 Core build up for retainer, including any pins
D6975 Coping - metal
D6976 Each additional indirectly fabricated post - same tooth
D6977 Each additional prefabricated post - same tooth
D6980 Fixed partial denture repair, by report
D6985 Pediatric partial denture, fixed
D6999 Unspecified fixed prosthodontic procedure, by report

D7000-D7999 ORAL AND 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)

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

D7210 Surgical removal of 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 Surgical 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7272</td>
<td>Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)</td>
</tr>
<tr>
<td>D7280</td>
<td>Surgical access 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>Biopsy of oral tissue - hard (bone, tooth)</td>
</tr>
<tr>
<td>D7286</td>
<td>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>Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap</td>
</tr>
<tr>
<td>D7293</td>
<td>Surgical placement: temporary anchorage device requiring surgical flap</td>
</tr>
<tr>
<td>D7294</td>
<td>Surgical placement: temporary anchorage device without surgical flap</td>
</tr>
<tr>
<td>D7295</td>
<td>Harvest of bone for use in autogenous grafting procedure</td>
</tr>
</tbody>
</table>

**ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE**

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

**VESTIBULOPLASTY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7340</td>
<td>Vestibuloplasty - ridge extension (secondary epithelialization)</td>
</tr>
<tr>
<td>D7350</td>
<td>Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)</td>
</tr>
</tbody>
</table>

**SURGICAL EXCISION OF SOFT TISSUE LESIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7410</td>
<td>Excision of benign lesion up to 1.25 cm</td>
</tr>
<tr>
<td>D7411</td>
<td>Excision of benign lesion greater than 1.25 cm</td>
</tr>
<tr>
<td>D7412</td>
<td>Excision of benign lesion, complicated</td>
</tr>
<tr>
<td>D7413</td>
<td>Excision of malignant lesion up to 1.25 cm</td>
</tr>
<tr>
<td>D7414</td>
<td>Excision of malignant lesion greater than 1.25 cm</td>
</tr>
<tr>
<td>D7415</td>
<td>Excision of malignant lesion, complicated</td>
</tr>
<tr>
<td>D7465*</td>
<td>Destruction of lesion(s) by physical or chemical methods, by report</td>
</tr>
</tbody>
</table>

*Procedure code not in numerical order

**SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7440</td>
<td>Excision of malignant tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7441</td>
<td>Excision of malignant tumor - lesion diameter greater than 1.25 cm</td>
</tr>
<tr>
<td>D7450</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm</td>
</tr>
<tr>
<td>D7460</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7461</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm</td>
</tr>
</tbody>
</table>

**EXCISION OF BONE TISSUE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7471</td>
<td>Removal of lateral exostosis (maxilla or mandible)</td>
</tr>
<tr>
<td>D7472</td>
<td>Removal of torus palatinus</td>
</tr>
</tbody>
</table>

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D7473  Removal of torus mandibularis
D7485  Surgical 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 FRACTURES – SIMPLE

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 FRACTURES – COMPOUND

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 surgical 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  Condylotomy
D7850  Surgical disectomy, 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 - surgical: lavage and lysis of adhesions
D7874  Arthroscopy - surgical: disc repositioning and stabilization
D7875  Arthroscopy - surgical: synovectomy
D7876  Arthroscopy - surgical: discectomy
D7877  Arthroscopy - surgical: debridement
D7880  Occlusal orthotic device, by report
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)
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 retusion) - 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
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 pericoronial gingival
D7972  Surgical reduction of fibrous tuberosity
D7980  Sialolithotomy
D7981  Excision of salivary gland, by report
D7982  Sialodochoplasty
D7983  Closure of salivary fistula
D7990  Emergency tracheotomy
D7991  Coronoidectomy
D7995  Synthetic graft - mandible or facial bones, by report
D7996  Implant - mandible for augmentation purposes (excluding alveolar ridge), by report
D7997  Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998  Intraoral placement of a fixation device not in conjunction with a fracture
D7999  Unspecified oral surgery procedure, by report

D8000-D8999 ORTHODONTICS

LIMITED ORTHODONTIC TREATMENT

D8010  Limited orthodontic treatment of the primary dentition
D8020  Limited orthodontic treatment of the transitional dentition
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8030</td>
<td>Limited orthodontic treatment of the adolescent dentition</td>
</tr>
<tr>
<td>D8040</td>
<td>Limited orthodontic treatment of the adult dentition</td>
</tr>
<tr>
<td><strong>INTERCEPTIVE ORTHODONTIC TREATMENT</strong></td>
<td></td>
</tr>
<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition</td>
</tr>
<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td><strong>COMPREHENSIVE ORTHODONTIC TREATMENT</strong></td>
<td></td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
</tr>
<tr>
<td><strong>MINOR TREATMENT TO CONTROL HARMFUL HABITS</strong></td>
<td></td>
</tr>
<tr>
<td>D8210</td>
<td>Removable appliance therapy</td>
</tr>
<tr>
<td>D8220</td>
<td>Fixed appliance therapy</td>
</tr>
<tr>
<td><strong>OTHER ORTHODONTIC SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment visit</td>
</tr>
<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit (as part of contract)</td>
</tr>
<tr>
<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of retainer(s))</td>
</tr>
<tr>
<td>D8690</td>
<td>Orthodontic treatment (alternative billing to a contract fee)</td>
</tr>
<tr>
<td>D8691</td>
<td>Repair of orthodontic appliance</td>
</tr>
<tr>
<td>D8692</td>
<td>Replacement of lost or broken retainer</td>
</tr>
<tr>
<td>D8693</td>
<td>Rebonding or recementing; and/or repair, as required, of fixed retainers</td>
</tr>
<tr>
<td>D8999</td>
<td>Unspecified orthodontic procedure, by report</td>
</tr>
<tr>
<td><strong>D9000-D9999  ADJUNCTIVE GENERAL SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>UNCLASSIFIED TREATMENT</strong></td>
<td></td>
</tr>
<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain-minor procedures</td>
</tr>
<tr>
<td>D9120</td>
<td>Fixed partial denture sectioning</td>
</tr>
<tr>
<td><strong>ANESTHESIA</strong></td>
<td></td>
</tr>
<tr>
<td>D9210</td>
<td>Local anesthesia not in conjunction with operative or surgical procedures</td>
</tr>
<tr>
<td>D9211</td>
<td>Regional block anesthesia</td>
</tr>
<tr>
<td>D9212</td>
<td>Trigeminal division block anesthesia</td>
</tr>
<tr>
<td>D9215</td>
<td>Local anesthesia in conjunction with operative or surgical procedures</td>
</tr>
<tr>
<td>D9220</td>
<td>Deep sedation/general anesthesia - first 30 minutes</td>
</tr>
<tr>
<td>D9221</td>
<td>Deep sedation/general anesthesia - each additional 15 minutes</td>
</tr>
<tr>
<td>D9230</td>
<td>Inhalation of nitrous oxide / anxiolysis, analgesia</td>
</tr>
<tr>
<td>D9241</td>
<td>Intravenous conscious sedation/analgesia - first 30 minutes</td>
</tr>
<tr>
<td>D9242</td>
<td>Intravenous conscious sedation/analgesia - each additional 15 minutes</td>
</tr>
<tr>
<td>D9248</td>
<td>Non-intravenous conscious sedation</td>
</tr>
<tr>
<td><strong>PROFESSIONAL CONSULTATION</strong></td>
<td></td>
</tr>
<tr>
<td>D9310</td>
<td>Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician</td>
</tr>
</tbody>
</table>
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  Other drugs and/or medicaments, by report

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 (postsurgical)-unusual circumstances, by report
D9940  Occlusal guard, by report
D9941  Fabrication of athletic mouthguard
D9942  Repair and/or reline of occlusal guard
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
D9973  External bleaching - per tooth
D9974  Internal bleaching - per tooth
D9999  Unspecified adjunctive procedure, by report

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