

PRACTICAL
GUIDE
SERIES

CDT 2015

Dental
Procedure
Codes

ADA American Dental Association®
America's leading advocate for oral health

Table of Contents

Section	Title	
0	Preface	
	Introduction	
	Categories of Service	
	Components of a Dental Procedure Code Entry	
	Using the CDT Code	
	Required Statement	
1	<i>Code on Dental Procedures and Nomenclature (CDT Code)</i>	
	Classification of Materials	
	Diagnostic	D0100 – D0999
	Preventive	D1000 – D1999
	Restorative	D2000 – D2999
	Endodontics	D3000 – D3999
	Periodontics	D4000 – D4999
	Prosthodontics, removable	D5000 – D5899
	Maxillofacial Prosthetics	D5900 – D5999
	Implant Services	D6000 – D6199
	Prosthodontics, fixed	D6200 – D6999
	Oral & Maxillofacial Surgery	D7000 – D7999
	Orthodontics	D8000 – D8999
	Adjunctive General Services	D9000 – D9999
2	CDT Code Changes (summary of additions, revisions & deletions)	
3	Alphabetic Index	
4	Numeric Index	
5	Guide to the CDT Manual CD-ROM	

Preface

Introduction

This reference manual, published by the ADA, contains the *Code on Dental Procedures and Nomenclature* (CDT Code) version that is effective for services provided on or after January 1, 2015 through December 31, 2015.

In August 2000 the CDT Code was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The ADA's Council on Dental Benefit Programs is responsible for maintaining the CDT Code in accordance with ADA Bylaws and policy, and applicable federal regulations. CDT Manual content is developed by the Council, while responsibility for CDT Manual printing, pricing and distribution of falls to the ADA's Department of Product Development and Sales.

- Should you have any recommendations for **additions, revisions or deletions** to the CDT Code, direct access to the process is available via the portal established on the ADA web page www.ada.org/en/publications/cdt.
- **Technical questions** on the CDT Code or ADA Dental Claim Form should be directed to the ADA's Member Service Center (members: toll free number on your membership card; non-members: 312-440-2500).
- For general information about, or to pursue CDT Code **licensing**, please go to the ADA web page www.ada.org/en/publications/ada-catalog/cdt-products/licensing-for-commercial-users. In addition to information about licensing this site contains the questionnaire that must be completed as the first step of the licensing process.
- For any questions regarding **pricing or purchasing** additional copies of the CDT Manual visit www.adacatalog.org or call 800-947-4746.

Categories of Service

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

Category of Service	Code Series
I. Diagnostic	D0100 – D0999
II. Preventive	D1000 – D1999
III. Restorative	D2000 – D2999
IV. Endodontics	D3000 – D3999

V. Periodontics	D4000 – D4999
VI. Prosthodontics, removable	D5000 – D5899
VII. Maxillofacial Prosthetics	D5900 – D5999
VIII. Implant Services	D6000 – D6199
IX. Prosthodontics, fixed	D6200 – D6999
X. Oral & Maxillofacial Surgery	D7000 – D7999
XI. Orthodontics	D8000 – D8999
XII. Adjunctive General Services	D9000 – D9999

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

Dental procedure codes within a Category of Service, or a subcategory, are not always in numeric order. The reason is that existing numeric sequences often do not have unassigned codes available for CDT Code additions.

Components of a Dental Procedure Code Entry

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

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

Using the CDT Code

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

- The presence of a CDT Code does not mean that the procedure is:
 - endorsed by any entity or is considered a standard of care
 - covered or reimbursed by a dental benefits plan
- General practitioners, specialists, and other individuals may report any of the listed CDT

Codes as long as they are acting within the scope of their state law.

3. CDT Codes that require inclusion of a narrative description on the claim have the words “by report” in their nomenclature.
4. “Unspecified... procedure, by report” codes are used when, in the opinion of the dentist, there is no other CDT Code entry that accurately describes the services provided the patient.

Required Statement

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



1

Code on
Dental
Procedures
and
Nomenclature

ADA American Dental Association®
America's leading advocate for oral health

Code on Dental Procedures and Nomenclature

The current version of the *Code on Dental Procedures and Nomenclature* (CDT Code) that follows is effective for the calendar year 2015. There are a number of changes from the prior version, which are identified by the following symbols:

- New procedure code
- ▲ Revision to a nomenclature or descriptor

Dental procedure codes that are no longer valid are not present. [Chapter 2](#) contains the summary of all additions, revisions and deletions effective January 1, 2015.

As noted in the “Preface” the CDT Code is divided into twelve Categories of Service, and each category begins at the top of a right-hand page in this section of the manual.

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

Classification of Materials

Names of dental materials are included in numerous procedure nomenclatures within several Categories of Service (e.g., Restorative; Prosthodontics, fixed). The following list of dental materials is included in the CDT Code **solely to aid selection** of a procedure code applicable to the service provided.

Classification of Metals (Source: ADA Council on Scientific Affairs online at: www.ada.org/alloys)

The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of metal content.

CLASSIFICATION	REQUIREMENT
High Noble Alloys	Noble Metal Content ≥ 60% (gold+ platinum group*) and gold ≥ 40%
Titanium and Titanium Alloys	Titanium ≥ 85%
Noble Alloys	Noble Metal Content ≥ 25% (gold + platinum group*)
Predominantly Base Alloys	Noble Metal Content < 25% (gold + platinum group*)

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

Porcelain/ceramic

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

Resin

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

D0100-D0999 I. Diagnostic

Clinical Oral Evaluations

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

D0120 periodic oral evaluation – established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

D0140 limited oral evaluation – problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

D0150 comprehensive oral evaluation – new or established patient

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

diagnostic procedures. Additional diagnostic procedures should be reported separately.

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

D0160 detailed and extensive oral evaluation – problem focused, by report

A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented.

Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit)

Assessing the status of a previously existing condition. For example:

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

● **D0171 re-evaluation – post-operative office visit**

D0180 comprehensive periodontal evaluation – new or established patient

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

Pre-diagnostic Services

D0190 screening of a patient

A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

D0191 assessment of a patient

A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

Diagnostic Imaging

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

Image Capture with Interpretation

D0210 intraoral – complete series of radiographic images

A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.

D0220 intraoral – periapical first radiographic image

D0230 intraoral – periapical each additional radiographic image

D0240 intraoral – occlusal radiographic image

D0250 extraoral – first radiographic image

D0260 extraoral – each additional 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

This does not constitute a full mouth intraoral radiographic series.

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 cephalometric radiographic image

▲ D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

● D0351 3D photographic image

This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

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

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

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

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

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

D0369 maxillofacial MRI capture and interpretation

D0370 maxillofacial ultrasound capture and interpretation

D0371 sialoendoscopy capture and interpretation

▲ Image Capture Only

Capture by a Practitioner not associated with Interpretation and Report

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

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

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

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

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

D0385 maxillofacial MRI image capture

D0386 maxillofacial ultrasound image capture

▲ **Interpretation and Report Only**

Interpretation and Report by a Practitioner not associated with Image Capture

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

Post Processing of Image or Image Sets

D0393 treatment simulation using 3D image volume

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

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

To demonstrate changes that have occurred over time.

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

Tests and Examinations

D0415 collection of microorganisms for culture and sensitivity

D0416 viral culture

A diagnostic test to identify viral organisms, most often herpes virus.

D0417 collection and preparation of saliva sample for laboratory diagnostic testing

D0418 analysis of saliva sample

Chemical or biological analysis of saliva sample for diagnostic purposes.

D0421 genetic test for susceptibility to oral diseases

Sample collection for the purpose of certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for oral diseases such as severe periodontal disease.

D0425 caries susceptibility tests

Not to be used for carious dentin staining.

D0431 adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to

include cytology or biopsy procedures

D0460 pulp vitality tests

Includes multiple teeth and contra lateral comparison(s), as indicated.

D0470 diagnostic casts

Also known as diagnostic models or study models.

D0601 caries risk assessment and documentation, with a finding of low risk

Using recognized assessment tools.

D0602 caries risk assessment and documentation, with a finding of moderate risk

Using recognized assessment tools.

D0603 caries risk assessment and documentation, with a finding of high risk

Using recognized assessment tools.

▲ Oral Pathology Laboratory

These procedures do not include collection of the tissue sample, which is documented separately.

D0472 accession of tissue, gross examination, preparation and transmission of written report

To be used in reporting architecturally intact tissue obtained by invasive means.

D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report

To be used in reporting architecturally intact tissue obtained by invasive means.

D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

To be used in reporting architecturally intact tissue obtained by invasive means.

D0480 accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report

To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa.

D0486 laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report

Analysis, and written report of findings, of cytological sample of disaggregated transepithelial cells.

D0475 decalcification procedure

Procedure in which hard tissue is processed in order to allow sectioning and subsequent microscopic examination.

D0476 special stains for microorganisms

Procedure in which additional stains are applied to biopsy or surgical specimen in order to identify microorganisms.

D0477 special stains, not for microorganisms

Procedure in which additional stains are applied to a biopsy or surgical specimen in order to identify such things as melanin, mucin, iron, glycogen, etc.

D0478 immunohistochemical stains

A procedure in which specific antibody based reagents are applied to tissue samples in order to facilitate diagnosis.

D0479 tissue in-situ hybridization, including interpretation

A procedure which allows for the identification of nucleic acids, DNA and RNA, in the tissue sample in order to aid in the diagnosis of microorganisms and tumors.

▲ D0481 electron microscopy

D0482 direct immunofluorescence

A technique used to identify immunoreactants which are localized to the patient's skin or mucous membranes.

D0483 indirect immunofluorescence

A technique used to identify circulating immunoreactants.

D0484 consultation on slides prepared elsewhere

A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report.

D0485 consultation, including preparation of slides from biopsy material supplied by referring source

A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.

D0502 other oral pathology procedures, by report

D0999 unspecified diagnostic procedure, by report

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

D1000-D1999 II. Preventive

Dental Prophylaxis

D1110 prophylaxis – adult

Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.

D1120 prophylaxis – child

Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

Topical Fluoride Treatment (Office Procedure)

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

D1206 topical application of fluoride varnish

▲ **D1208 topical application of fluoride – excluding varnish**

Other Preventive Services

D1310 nutritional counseling for control of dental disease

Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.

D1320 tobacco counseling for the control and prevention of oral disease

Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.

D1330 oral hygiene instructions

This may include instructions for home care. Examples include tooth brushing technique, flossing, and use of special oral hygiene aids.

D1351 sealant - per tooth

Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

● **D1353 sealant repair – per tooth**

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

Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

Space Maintenance (Passive Appliances)

Passive appliances are designed to prevent tooth movement.

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

Procedure delivered by dentist who did not originally place the appliance, or by the practice where the appliance was originally delivered to the patient.

D1999 unspecified preventive procedure, by report

D2000-D2999 III. Restorative

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

▲ Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisor-Lingual-Labial.
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

Amalgam Restorations (Including Polishing)

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

D2140 amalgam – one surface, primary or permanent

D2150 amalgam – two surfaces, primary or permanent

D2160 amalgam – three surfaces, primary or permanent

D2161 amalgam – four or more surfaces, primary or permanent

Resin-Based Composite Restorations – Direct

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

D2330 resin-based composite – one surface, anterior

D2331 resin-based composite – two surfaces, anterior

D2332 resin-based composite – three surfaces, anterior

D2335 resin-based composite – four or more surfaces or involving incisal angle (anterior)

Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.

D2390 resin-based composite crown, anterior

Full resin-based composite coverage of tooth.

D2391 resin-based composite – one surface, posterior

Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.

D2392 resin-based composite – two surfaces, posterior

D2393 resin-based composite – three surfaces, posterior

D2394 resin-based composite – four or more surfaces, posterior

Gold Foil Restorations

D2410 gold foil – one surface

D2420 gold foil – two surfaces

D2430 gold foil – three surfaces

Inlay/Onlay Restorations

- Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.
- Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips

and adjoining occlusal surfaces, but not the entire external surface.

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

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

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

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

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 – $\frac{3}{4}$ resin-based composite (indirect)

This code does not include facial veneers.

- 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 – $\frac{3}{4}$ cast high noble metal**
- D2781 crown – $\frac{3}{4}$ cast predominantly base metal**
- D2782 crown – $\frac{3}{4}$ cast noble metal**
- D2783 crown – $\frac{3}{4}$ porcelain/ceramic**
This code does not include facial veneers.
- 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**
Not to be used as a temporary crown for a routine prosthetic restoration.

Other Restorative Services

- D2990 resin infiltration of incipient smooth surface lesions**
Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.
- ▲ D2910 re-cement or re-bond inlay, onlay, veneer or partial coverage restoration**
- ▲ D2915 re-cement or re-bond indirectly fabricated or prefabricated**

post and core

▲ D2920 re-cement or re-bond crown

D2921 reattachment of tooth fragment, incisal edge or cusp

D2929 prefabricated porcelain/ceramic crown – primary tooth

D2930 prefabricated stainless steel crown – primary tooth

D2931 prefabricated stainless steel crown – permanent tooth

D2932 prefabricated resin crown

D2933 prefabricated stainless steel crown with resin window

Open-face stainless steel crown with aesthetic resin facing or veneer.

D2934 prefabricated esthetic coated stainless steel crown – primary tooth

Stainless steel primary crown with exterior esthetic coating.

D2940 protective restoration

Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.

D2941 interim therapeutic restoration – primary dentition

Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.

D2949 restorative foundation for an indirect restoration

Placement of restorative material to yield a more ideal form, including elimination of undercuts.

D2950 core buildup, including any pins when required

Refers to building up of coronal structure when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

D2951 pin retention – per tooth, in addition to restoration

D2952 post and core in addition to crown, indirectly fabricated

Post and core are custom fabricated as a single unit.

D2953 each additional indirectly fabricated post – same tooth

To be used with D2952.

- D2954 prefabricated post and core in addition to crown**
Core is built around a prefabricated post. This procedure includes the core material.
- D2957 each additional prefabricated post – same tooth**
To be used with D2954.
- D2955 post removal**
- D2960 labial veneer (resin laminate) – chairside**
Refers to labial/facial direct resin bonded veneers.
- D2961 labial veneer (resin laminate) – laboratory**
Refers to labial/facial indirect resin bonded veneers.
- D2962 labial veneer (porcelain laminate) – laboratory**
Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.
- D2970 temporary crown (fractured tooth)**
Usually a preformed artificial crown, which is fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.
- D2971 additional procedures to construct new crown under existing partial denture framework**
To be reported in addition to a crown code.
- ▲ D2975 coping**
A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration.
- 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**
Use for procedure that is not adequately described by a code. Describe procedure.

D3000-D3999 IV. Endodontics

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

Pulp Capping

D3110 pulp cap – direct (excluding final restoration)

Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

D3120 pulp cap – indirect (excluding final restoration)

Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.

Pulpotomy

D3220 therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament

Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.

- To be performed on primary or permanent teeth.
- This is not to be construed as the first stage of root canal therapy.
- Not to be used for apexogenesis.

D3221 pulpal debridement, primary and permanent teeth

Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.

D3222 partial pulpotomy for apexogenesis – permanent tooth with incomplete root development

Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.

Endodontic Therapy on Primary Teeth

Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.

D3230 pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)

Primary incisors and cuspids.

D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Primary first and second molars.

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

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

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

D3310 endodontic therapy, anterior tooth (excluding final restoration)

D3320 endodontic therapy, bicuspid tooth (excluding final restoration)

D3330 endodontic therapy, molar (excluding final restoration)

D3331 treatment of root canal obstruction; non-surgical access

In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.

D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.

D3333 internal root repair of perforation defects

Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim.

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.)

Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

D3352 apexification/recalcification – interim medication replacement

For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.

D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)

Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)

Pulpal Regeneration

D3355 pulpal regeneration – initial visit

Includes opening tooth, preparation of canal spaces, placement of medication.

D3356 pulpal regeneration – interim medication replacement

D3357 pulpal regeneration – completion of treatment

Does not include final restoration.

Apicoectomy/Periradicular Services

Periradicular surgery is a term used to describe surgery to the root surface (e.g., apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. This does not include retrograde filling material placement.

D3410 apicoectomy – anterior

For surgery on root of anterior tooth. Does not include placement of retrograde filling material.

D3421 apicoectomy – bicuspid (first root)

For surgery on one root of a bicuspid. Does not include placement of retrograde filling material. If more than one root is treated, see [D3426](#).

D3425 apicoectomy – molar (first root)

For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see [D3426](#).

D3426 apicoectomy (each additional root)

Typically used for bicuspids and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.

D3427 periradicular surgery without apicoectomy

D3428 bone graft in conjunction with periradicular surgery – per tooth, single site

Includes non-autogenous graft material.

D3429 bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site

Includes non-autogenous graft material.

D3430 retrograde filling – per root

For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root report as D3999 and describe.

D3431 biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery

D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery

D3450 root amputation – per root

Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see [D3920](#).

D3460 endodontic endosseous implant

Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root.

D3470 intentional re-implantation (including necessary splinting)

For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement.

Other Endodontic Procedures

D3910 surgical procedure for isolation of tooth with rubber dam

D3920 hemisection (including any root removal), not including root canal therapy
Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.

D3950 canal preparation and fitting of preformed dowel or post
Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner.

D3999 unspecified endodontic procedure, by report
Used for procedure that is not adequately described by a code. Describe procedure.

D4000-D4999 V. Periodontics

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

Surgical Services (Including Usual Postoperative Care)

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

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

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

D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant

It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

D4230 anatomical crown exposure – four or more contiguous teeth per quadrant

This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.

D4231 anatomical crown exposure – one to three teeth per quadrant

This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.

D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.

D4245 apically positioned flap

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

▲ D4249 clinical crown lengthening – hard tissue

This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.

▲ **D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant**

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

▲ **D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant**

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes.

D4263 bone replacement graft – first site in quadrant

This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes.

D4264 bone replacement graft – each additional site in quadrant

This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved.

D4265 biologic materials to aid in soft and osseous tissue regeneration

Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

D4266 guided tissue regeneration – resorbable barrier, per site

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal

and peri-implant defects.

D4267 guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

D4268 surgical revision procedure, per tooth

This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.

D4270 pedicle soft tissue graft procedure

A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

D4273 subepithelial connective tissue graft procedures, per tooth

This procedure is performed to create or augment gingiva, to obtain root coverage to eliminate sensitivity and to prevent root caries, to eliminate frenum pull, to extend the vestibular fornix, to augment collapsed ridges, to provide an adequate gingival interface with a restoration or to cover bone or ridge regeneration sites when adequate gingival tissues are not available for effective closure. There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlying flap of gingiva and/or mucosa. The connective tissue is dissected from the donor site leaving an epithelialized flap for closure. After the graft is placed on the recipient site, it is covered with the retained overlying flap.

D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

This procedure is performed in an edentulous area adjacent to a periodontally involved tooth. Gingival incisions are utilized to allow removal of a tissue wedge to gain access and correct the underlying osseous defect and to permit close flap adaptation.

D4275 soft tissue allograft

Procedure is performed to create or augment the gingiva, with or without root coverage. This may be used to eliminate the pull of the frena and muscle attachments, to extend the vestibular fornix, and correct localized gingival recession. There is no donor site.

D4276 combined connective tissue and double pedicle graft, per tooth

Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

- D4277 free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft**
- D4278 free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site**

Non-Surgical Periodontal Service

- D4320 provisional splinting – intracoronal**
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.
- D4321 provisional splinting – extracoronal**
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.
- D4341 periodontal scaling and root planing – four or more teeth per quadrant**
This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.
- D4342 periodontal scaling and root planing – one to three teeth per quadrant**
This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.
- D4355 full mouth debridement to enable comprehensive evaluation and diagnosis**
The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.
- D4381 localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth**

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

Other Periodontal Services

D4910 periodontal maintenance

This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

D4920 unscheduled dressing change (by someone other than treating dentist or their staff)

D4921 gingival irrigation – per quadrant

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

D4999 unspecified periodontal procedure, by report

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

D5000-D5899 VI. Prosthodontics (removable)

Local anesthesia is usually considered to be part of Removable Prosthodontic procedures.

Complete Dentures (Including Routine Post-Delivery Care)

D5110 complete denture – maxillary

D5120 complete denture – mandibular

D5130 immediate denture – maxillary

Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.

D5140 immediate denture – mandibular

Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.

Partial Dentures (Including Routine Post-Delivery Care)

D5211 maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

Includes acrylic resin base denture with resin or wrought wire clasps.

D5212 mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

Includes acrylic resin base denture with resin or wrought wire clasps.

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

Rebase – process of refitting a denture by replacing the base material.

- D5710** rebase complete maxillary denture
- D5711** rebase complete mandibular denture
- D5720** rebase maxillary partial denture
- D5721** rebase mandibular partial denture

Denture Reline Procedures

Reline is the process of resurfacing the tissue side of a denture with new base material.

- 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

A provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration.

- D5810 interim complete denture (maxillary)**
- D5811 interim complete denture (mandibular)**
- D5820 interim partial denture (maxillary)**
Includes any necessary clasps and rests.
- D5821 interim partial denture (mandibular)**
Includes any necessary clasps and rests.

Other Removable Prosthetic Services

- D5850 tissue conditioning, maxillary**
Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.
- D5851 tissue conditioning, mandibular**
Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.
- D5862 precision attachment, by report**

Each set of male and female components should be reported as one precision attachment. Describe the type of attachment used.

D5863 overdenture – complete maxillary

D5864 overdenture – partial maxillary

D5865 overdenture – complete mandibular

D5866 overdenture – partial mandibular

D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component)

D5875 modification of removable prosthesis following implant surgery

The modification of existing removable prosthesis is sometimes necessary at the time of implant placement and bone graft surgery and is always necessary at the time of the placement of the healing caps. This code could also be used to report the modification of an existing prosthesis when the abutments are placed and retentive elements are placed into the removable prosthesis, thereby reducing the need for a new prosthesis.

D5899 unspecified removable prosthodontic procedure, by report

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

D5900-D5999 VII. Maxillofacial Prosthetics

D5992 adjust maxillofacial prosthetic appliance, by report

D5993 maintenance and cleaning of a maxillofacial prosthesis (extra-or intra-oral) other than required adjustments, by report

Maintenance and cleaning of a maxillofacial prosthesis.

D5914 auricular prosthesis

Synonymous terminology: artificial ear, ear prosthesis.

A removable prosthesis, which artificially restores part or all of the natural ear. Usually, replacement prostheses can be made from the original mold if tissue bed changes have not occurred. Creation of an auricular prosthesis requires fabrication of a mold, from which additional prostheses usually can be made, as needed later (auricular prosthesis, replacement).

D5927 auricular prosthesis, replacement

Synonymous terminology: replacement ear.

An artificial ear produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.

D5987 commissure splint

Synonymous terminology: lip splint.

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

D5924 cranial prosthesis

Synonymous terminology: Skull plate, cranioplasty prosthesis, cranial implant.

A biocompatible, permanently implanted replacement of a portion of the skull bones; an artificial replacement for a portion of the skull bone.

D5925 facial augmentation implant prosthesis

Synonymous terminology: facial implant.

An implantable biocompatible material generally onlaid upon an existing bony area beneath the skin tissue to fill in or collectively raise portions of the overlying facial skin tissues to create acceptable contours.

Although some forms of pre-made surgical implants are commercially available, the facial augmentation is usually custom made for surgical implantation for each individual patient due to the irregular or extensive nature of the facial deficit.

D5912 facial moulage (complete)

Synonymous terminology: facial impression, face mask impression.

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

D5911 facial moulage (sectional)

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

D5919 facial prosthesis

Synonymous terminology: prosthetic dressing.

A removable prosthesis, which artificially replaces a portion of the face, lost due to surgery, trauma or congenital absence.

Flexion of natural tissues may preclude adaptation and movement of the prosthesis to match the adjacent skin. Salivary leakage, when communicating with the oral cavity, adversely affects retention.

D5929 facial prosthesis, replacement

A replacement facial prosthesis made from the original mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to further surgery or age related topographical variations.

D5951 feeding aid

Synonymous terminology: feeding prosthesis.

A prosthesis, which maintains the right and left maxillary segments of an infant cleft palate patient in their proper orientation until surgery is performed to repair the cleft. It closes the oral-nasal cavity defect, thus enhancing sucking and swallowing.

Used on an interim basis, this prosthesis achieves separation of the oral and nasal cavities in infants born with wide clefts necessitating delayed closure. It is eliminated if surgical closure can be effected or, alternatively, with eruption of the deciduous dentition a pediatric speech aid may be made to facilitate closure of the defect.

D5934 mandibular resection prosthesis with guide flange

Synonymous terminology: resection device, resection appliance.

A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency.

D5935 mandibular resection prosthesis without guide flange

A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency.

Dentists who treat mandibulectomy patients may prefer to replace some, all or none of the teeth in the defect area. Frequently, the defect's margins preclude even partial replacement. Use of a guide (a mandibular resection prosthesis with a guide flange) may not be possible due to anatomical limitations or poor patient tolerance. Ramps, extended occlusal arrangements and irregular occlusal positioning relative to the denture foundation frequently preclude stability of the prostheses, and thus some prostheses are poorly tolerated under such adverse circumstances.

D5913 nasal prosthesis

Synonymous terminology: artificial nose.

A removable prosthesis attached to the skin, which artificially restores part or all of the nose. Fabrication of a nasal prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time.

When a new prosthesis is made from the existing mold, this procedure is termed a nasal prosthesis replacement.

D5926 nasal prosthesis, replacement

Synonymous terminology: replacement nose.

An artificial nose produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.

D5922 nasal septal prosthesis

Synonymous terminology: Septal plug, septal button.

Removable prosthesis to occlude (obturate) a hole within the nasal septal wall. Adverse chemical degradation in this moist environment may require frequent replacement. Silicone prostheses are occasionally subject to fungal invasion.

D5932 obturator prosthesis, definitive

Synonymous terminology: obturator

A prosthesis, which artificially replaces part or all of the maxilla and associated teeth, lost due to surgery, trauma or congenital defects.

A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumor are unlikely and a more permanent prosthetic rehabilitation can be achieved; it is intended for long-term use.

D5936 obturator prosthesis, interim

Synonymous terminology: immediate postoperative obturator.

A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae; frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection.

Generally, an interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental procedures (e.g., restorations, gingival surgery) as well as to compensate for further tissue shrinkage before a definitive obturator prosthesis is made.

D5933 obturator prosthesis, modification

Synonymous terminology: adjustment, denture adjustment, temporary or office relin.

Revision or alteration of an existing obturator (surgical, interim, or definitive); possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to effect adequate sealing or separation between the nasal and oral cavities.

D5931 obturator prosthesis, surgical

Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator.

A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth).

Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many or all teeth removed by the surgical procedure in the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor).

D5916 ocular prosthesis

Synonymous terminology: artificial eye, glass eye.

A prosthesis, which artificially replaces an eye missing as a result of trauma, surgery or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle.

Ocular prostheses require semiannual or annual cleaning and polishing. Also, occasional revisions to re-adapt the prosthesis to the tissue bed may be necessary. Glass eyes are rarely made and cannot be re-adapted.

D5923 ocular prosthesis, interim

Synonymous terminology: Eye shell, shell, ocular conformer, conformer.

A temporary replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish esthetics. Fabrication of an interim ocular prosthesis generally implies subsequent fabrication of an aesthetic ocular prosthesis.

D5915 orbital prosthesis

A prosthesis, which artificially restores the eye, eyelids, and adjacent hard and soft tissue, lost as a result of trauma or surgery.

Fabrication of an orbital prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time.

When a new prosthesis is made from the existing mold, this procedure is termed an orbital prosthesis replacement.

D5928 orbital prosthesis, replacement

A replacement for a previously made orbital prosthesis. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.

D5954 palatal augmentation prosthesis

Synonymous terminology: superimposed prosthesis, maxillary glossectomy prosthesis, maxillary speech prosthesis, palatal drop prosthesis.

A removable prosthesis which alters the hard and/or soft palate's topographical form adjacent to the tongue.

D5955 palatal lift prosthesis, definitive

A prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect.

A definitive palatal lift is usually made for patients whose experience with an interim

palatal lift has been successful, especially if surgical alterations are deemed unwarranted.

D5958 palatal lift prosthesis, interim

Synonymous terminology: diagnostic palatal lift.

A prosthesis which elevates and assists in restoring soft palate function which may be lost due to clefting, surgery, trauma or unknown paralysis. It is intended for interim use to determine its usefulness in achieving palatalpharyngeal competency or enhance swallowing reflexes.

This prosthesis is intended for interim use as a diagnostic aid to assess the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift on an interim basis may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need.

D5959 palatal lift prosthesis, modification

Synonymous terminology: revision of lift, adjustment.

Alterations in the adaptation, contour, form or function of an existing palatal lift necessitated due to tissue impingement, lack of function, poor clasp adaptation or the like.

D5985 radiation cone locator

Synonymous terminology: docking device, cone locator.

A prosthesis utilized to direct and reduplicate the path of radiation to an oral tumor during a split course of irradiation.

D5984 radiation shield

Synonymous terminology: radiation stent, tongue protector, lead shield.

An intraoral prosthesis designed to shield adjacent tissues from radiation during orthovoltage treatment of malignant lesions of the head and neck region.

D5953 speech aid prosthesis, adult

Synonymous terminology: prosthetic speech appliance, speech aid, speech bulb.

A definitive prosthesis, which can improve speech in adult cleft palate patients either by obturating (sealing off) a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency.

Generally, this prosthesis is fabricated when no further growth is anticipated and the objective is to achieve long-term use. Hence, more precise materials and techniques are utilized. Occasionally such procedures are accomplished in conjunction with precision attachments in crown work undertaken on some or all maxillary teeth to achieve improved aesthetics.

D5960 speech aid prosthesis, modification

Synonymous terminology: adjustment, repair, revision.

Any revision of a pediatric or adult speech aid not necessitating its replacement.

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

D5952 speech aid prosthesis, pediatric

Synonymous terminology: nasopharyngeal obturator, speech appliance, obturator, cleft palate appliance, prosthetic speech aid, speech bulb.

A temporary or interim prosthesis used to close a defect in the hard and/or soft palate. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech.

Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of palatalpharyngeal closure (termed a speech aid prosthesis modification). Frequently, such prostheses are not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential.

D5988 surgical splint

Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint.

Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splints have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone.

D5982 surgical stent

Synonymous terminology: periodontal stent, skin graft stent, columellar stent.

Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse.

A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used.

D5937 trismus appliance (not for TMD treatment)

Synonymous terminology: occlusal device for mandibular trismus, dynamic bite

opener.

A prosthesis, which assists the patient in increasing their oral aperture width in order to eat as well as maintain oral hygiene.

Several versions and designs are possible, all intending to ease the severe lack of oral opening experienced by many patients immediately following extensive intraoral surgical procedures.

Carriers

D5986 fluoride gel carrier

Synonymous terminology: fluoride applicator.

A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily.

D5994 periodontal medicament carrier with peripheral seal – laboratory processed

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

D5983 radiation carrier

Synonymous terminology: radiotherapy prosthesis, carrier prosthesis, radiation applicator, radium carrier, intracavity carrier, intracavity applicator.

A device used to administer radiation to confined areas by means of capsules, beads or needles of radiation emitting materials such as radium or cesium. Its function is to hold the radiation source securely in the same location during the entire period of treatment.

Radiation oncologists occasionally request these devices to achieve close approximation and controlled application of radiation to a tumor deemed amiable to eradication.

D5991 vesiculobullous disease medicament carrier

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

D5999 unspecified maxillofacial prosthesis, by report

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

D6000-D6199 VIII. Implant Services

Local anesthesia is usually considered to be part of Implant Services procedures.

Pre-Surgical Services

D6190 radiographic/surgical implant index, by report

An appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation.

Surgical Services

Report surgical implant procedure using codes in this section.

D6010 surgical placement of implant body: endosteal implant

D6011 second stage implant surgery

Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.

D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant

Includes removal during later therapy to accommodate the definitive restoration, which may include placement of other implants.

D6013 surgical placement of mini implant

D6040 surgical placement: eposteal implant

An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.

D6050 surgical placement: transosteal implant

A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.

D6100 implant removal, by report

This procedure involves the surgical removal of an implant. Describe procedure.

- ▲ **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. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately**
- D6104 bone graft at time of implant placement**
Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

Implant Supported Prosthetics

Supporting Structures

- D6055 connecting bar – implant supported or abutment supported**
Utilized to stabilize and anchor a prosthesis.
- D6056 prefabricated abutment – includes modification and placement**
Modification of a prefabricated abutment may be necessary.
- D6057 custom fabricated abutment – includes placement**
Created by a laboratory process, specific for an individual application.
- D6051 interim abutment**
Includes placement and removal. A healing cap is not an interim abutment.
- D6052 semi-precision attachment abutment**
Includes placement of keeper assembly.

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 Prosthesis)

- **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
A single crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6059** abutment supported porcelain fused to metal crown (high noble metal)
A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6060** abutment supported porcelain fused to metal crown (predominantly base metal)
A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6061** abutment supported porcelain fused to metal crown (noble metal)
A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6062** abutment supported cast metal crown (high noble metal)
A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6063** abutment supported cast metal crown (predominantly base metal)
A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.
- ▲ **D6064** abutment supported cast metal crown (noble metal)
A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.

▲ **D6094 abutment supported crown (titanium)**

A single crown restoration that is retained, supported and stabilized by an abutment on an implant. May be cast or milled.

Single Crowns, Implant Supported

▲ **D6065 implant supported porcelain/ceramic crown**

A single crown restoration that is retained, supported and stabilized by an implant.

▲ **D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)**

A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

▲ **D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)**

A single cast metal or milled crown restoration that is retained, supported and stabilized by an implant.

Fixed Partial Denture Retainer, Abutment Supported

▲ **D6068 abutment supported retainer for porcelain/ceramic FPD**

A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)**

A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)**

A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)**

A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6072 abutment supported retainer for cast metal FPD (high noble metal)**

A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6073 abutment supported retainer for cast metal FPD (predominantly base metal)**

A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6074 abutment supported retainer for cast metal FPD (noble metal)**

A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

▲ **D6194 abutment supported retainer crown for FPD (titanium)**

A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. May be cast or milled.

Fixed Partial Denture Retainer, Implant Supported

▲ **D6075 implant supported retainer for ceramic FPD**

A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.

▲ **D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)**

A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.

▲ **D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)**

A cast metal retainer for a fixed partial denture that gains retention, support and stability from an implant.

Other Implant Services

D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses.

D6090 repair implant supported prosthesis, by report

This procedure involves the repair or replacement of any part of the implant supported prosthesis.

D6095 repair implant abutment, by report

This procedure involves the repair or replacement of any part of the implant abutment.

D6091 replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment

This procedure applies to the replaceable male or female component of the 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

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

D6200-D6999 IX. Prosthodontics, fixed

Each retainer and each pontic constitutes a unit in a fixed partial denture.

Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures.

The term “fixed partial denture” replaces the words “bridge” and “bridgework” throughout this section.

Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately.

Fixed Partial Denture Pontics

D6205 pontic – indirect resin based composite

Not to be used as a temporary or provisional prosthesis.

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

Not to be used as a temporary pontic for routine prosthetic fixed partial dentures.

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 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

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

Not to be used as a temporary or provisional prosthesis.

- 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 – $\frac{3}{4}$ cast high noble metal
- D6781** crown – $\frac{3}{4}$ cast predominantly base metal
- D6782** crown – $\frac{3}{4}$ cast noble metal
- D6783** crown – $\frac{3}{4}$ 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
- D6793** provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression
Not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures.

Other Fixed Partial Denture Services

- D6920** connector bar
A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis.
- ▲ **D6930** re-cement or re-bond fixed partial denture
- D6940** stress breaker
A non-rigid connector.
- D6950** precision attachment

A male and female pair constitutes one precision attachment, and is separate from the prosthesis.

D6980 fixed partial denture repair necessitated by restorative material failure

D6985 pediatric partial denture, fixed

This prosthesis is used primarily for aesthetic purposes.

D6999 unspecified fixed prosthodontic procedure, by report

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

D7000-D7999 X. Oral and Maxillofacial Surgery

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

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

Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)

D7111 extraction, coronal remnants – deciduous tooth

Removal of soft tissue-retained coronal remnants.

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

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

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

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

D7220 removal of impacted tooth – soft tissue

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

D7230 removal of impacted tooth – partially bony

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

D7240 removal of impacted tooth – completely bony

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

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

Most or all of crown covered by bone; unusually difficult or complicated due to factors

such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.

D7250 surgical removal of residual tooth roots (cutting procedure)
Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

D7251 coronectomy – intentional partial tooth removal
Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

Other Surgical Procedures

D7260 oroantral fistula closure
Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.

D7261 primary closure of a sinus perforation
Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract.

D7270 tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
Includes splinting and/or stabilization.

D7272 tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)

D7280 surgical access of an unerupted tooth
An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.

D7282 mobilization of erupted or malpositioned tooth to aid eruption
To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction.

D7283 placement of device to facilitate eruption of impacted tooth
Placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

▲ **D7285 incisional biopsy of oral tissue – hard (bone, tooth)**
For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.

▲ **D7286 incisional biopsy of oral tissue – soft**

For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.

D7287 exfoliative cytological sample collection

For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa.

D7288 brush biopsy – transepithelial sample collection

For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.

D7290 surgical repositioning of teeth

Grafting procedure(s) is/are additional.

D7291 transseptal fiberotomy/supra crestal fiberotomy, by report

The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).

▲ **D7292 surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal**

▲ **D7293 surgical placement of temporary anchorage device requiring flap; includes device removal**

▲ **D7294 surgical placement of temporary anchorage device without flap; includes device removal**

D7295 harvest of bone for use in autogenous grafting procedure

Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.

Alveoloplasty – Surgical Preparation of Ridge

D7310 alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

D7311 alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

D7320 alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

No extractions performed in an edentulous area. See [D7310](#) if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

D7321 alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

No extractions performed in an edentulous area. See [D7311](#) if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

Vestibuloplasty

Any of a series of surgical procedures designed to increase relative alveolar ridge height.

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)

Surgical Excision of Soft Tissue Lesions

Includes non-odontogenic cysts.

D7410 excision of benign lesion up to 1.25 cm

D7411 excision of benign lesion greater than 1.25 cm

D7412 excision of benign lesion, complicated

Requires extensive undermining with advancement or rotational flap closure.

D7413 excision of malignant lesion up to 1.25 cm

D7414 excision of malignant lesion greater than 1.25 cm

D7415 excision of malignant lesion, complicated

Requires extensive undermining with advancement or rotational flap closure.

D7465 destruction of lesion(s) by physical or chemical method, by report

Examples include using cryo, laser or electro surgery.

Surgical Excision of Intra-Osseous Lesions

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

Excision of Bone Tissue

- D7471** removal of lateral exostosis (maxilla or mandible)
- D7472** removal of torus palatinus
- D7473** removal of torus mandibularis
- D7485** surgical reduction of osseous tuberosity
- D7490** radical resection of maxilla or mandible
Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately.

Surgical Incision

- D7510** incision and drainage of abscess – intraoral soft tissue
Involves incision through mucosa, including periodontal origins.
- D7511** incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.
- D7520** incision and drainage of abscess – extraoral soft tissue
Involves incision through skin.
- D7521** incision and drainage of abscess – extraoral soft tissue – complicated (includes

drainage of multiple fascial spaces)

Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.

D7530 removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue

D7540 removal of reaction producing foreign bodies, musculoskeletal system

May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone.

D7550 partial ostectomy/sequestrectomy for removal of non-vital bone

Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.

D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Fractures - Simple

D7610 maxilla – open reduction (teeth immobilized, if present)

Teeth may be wired, banded or splinted together to prevent movement. Surgical incision required for interosseous fixation.

D7620 maxilla – closed reduction (teeth immobilized, if present)

No incision required to reduce fracture. See [D7610](#) if interosseous fixation is applied.

D7630 mandible – open reduction (teeth immobilized, if present)

Teeth may be wired, banded or splinted together to prevent movement. Surgical incision required to reduce fracture.

D7640 mandible – closed reduction (teeth immobilized, if present)

No incision required to reduce fracture. See [D7630](#) if interosseous fixation is applied.

D7650 malar and/or zygomatic arch – open reduction

D7660 malar and/or zygomatic arch – closed reduction

D7670 alveolus – closed reduction, may include stabilization of teeth

Teeth may be wired, banded or splinted together to prevent movement.

D7671 alveolus – open reduction, may include stabilization of teeth

Teeth may be wired, banded or splinted together to prevent movement.

D7680 facial bones – complicated reduction with fixation and multiple surgical approaches

Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.

Treatment of Fractures - Compound

- D7710 maxilla – open reduction**
Surgical incision required to reduce fracture.
- D7720 maxilla – closed reduction**
- D7730 mandible – open reduction**
Surgical incision required to reduce fracture.
- D7740 mandible – closed reduction**
- D7750 malar and/or zygomatic arch – open reduction**
Surgical incision required to reduce fracture.
- D7760 malar and/or zygomatic arch – closed reduction**
- D7770 alveolus - open reduction stabilization of teeth**
Fractured bone(s) are exposed to mouth or outside the face. Surgical incision required to reduce fracture.
- D7771 alveolus, closed reduction stabilization of teeth**
Fractured bone(s) are exposed to mouth or outside the face.
- D7780 facial bones – complicated reduction with fixation and multiple surgical approaches**
Surgical incision required to reduce fracture. Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

Procedures that are an integral part of a primary procedure should not be reported separately.

- D7810 open reduction of dislocation**
Access to TMJ via surgical opening.
- D7820 closed reduction of dislocation**
Joint manipulated into place; no surgical exposure.
- D7830 manipulation under anesthesia**
Usually done under general anesthesia or intravenous sedation.
- D7840 condylectomy**
Surgical removal of all or portion of the mandibular condyle (separate procedure).

- D7850 surgical discectomy, with/without implant**
Excision of the intra-articular disc of a joint.
- D7852 disc repair**
Repositioning and/or sculpting of disc; repair of perforated posterior attachment.
- D7854 synovectomy**
Excision of a portion or all of the synovial membrane of a joint.
- D7856 myotomy**
Cutting of muscle for therapeutic purposes (separate procedure).
- D7858 joint reconstruction**
Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials.
- D7860 arthrotomy**
Cutting into joint (separate procedure).
- D7865 arthroplasty**
Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes).
- D7870 arthrocentesis**
Withdrawal of fluid from a joint space by aspiration.
- D7871 non-arthroscopic lysis and lavage**
Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.
- D7872 arthroscopy – diagnosis, with or without biopsy**
- D7873 arthroscopy – surgical: lavage and lysis of adhesions**
Removal of adhesions using the arthroscope and lavage of the joint cavities.
- D7874 arthroscopy – surgical: disc repositioning and stabilization**
Repositioning and stabilization of disc using arthroscopic techniques.
- D7875 arthroscopy – surgical: synovectomy**
Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique.
- D7876 arthroscopy – surgical: discectomy**
Removal of disc and remodeled posterior attachment via the arthroscope.
- D7877 arthroscopy – surgical: debridement**

Removal of pathologic hard and/or soft tissue using the arthroscope.

D7880 occlusal orthotic device, by report

Presently includes splints provided for treatment of temporomandibular joint dysfunction.

D7899 unspecified TMD therapy, by report

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

Repair of Traumatic Wounds

Excludes closure of surgical incisions.

D7910 suture of recent small wounds up to 5 cm

Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)

Excludes closure of surgical incisions.

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

Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.

D7941 osteotomy – mandibular rami

D7943 osteotomy – mandibular rami with bone graft; includes obtaining the graft

D7944 osteotomy – segmented or subapical

Report by range of tooth numbers within segment.

D7945 osteotomy – body of mandible

Surgical section of lower jaw. This includes the surgical exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care.

D7946 LeFort I (maxilla – total)

Surgical section of the upper jaw. This includes the surgical exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care.

D7947 LeFort I (maxilla – segmented)

When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be “by report.”

D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft

Surgical section of upper jaw. This includes the surgical exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care.

D7949 LeFort II or LeFort III – with bone graft

Includes obtaining autografts.

D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report

This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately.

D7951 sinus augmentation with bone or bone substitutes via a lateral open approach

The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

D7952 sinus augmentation via a vertical approach

The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.

D7953 bone replacement graft for ridge preservation – per site

Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.

D7955 repair of maxillofacial soft and/or hard tissue defect

Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not

include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations.

D7960 frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure

Surgical removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.

D7963 frenuloplasty

Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.

D7970 excision of hyperplastic tissue - per arch

D7971 excision of pericoronal gingiva

Surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.

D7972 surgical reduction of fibrous tuberosity

D7980 sialolithotomy

Surgical procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.

D7981 excision of salivary gland, by report

D7982 sialodochoplasty

Surgical procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct.

D7983 closure of salivary fistula

Surgical closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway.

D7990 emergency tracheotomy

Surgical formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange.

D7991 coronoidectomy

Surgical removal of the coronoid process of the mandible.

D7995 synthetic graft – mandible or facial bones, by report

Includes allogenic material.

- D7996** implant-mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997** appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7998** intraoral placement of a fixation device not in conjunction with a fracture
The placement of intermaxillary fixation appliance for documented medically accepted treatments not in association with fractures.

D7999 unspecified oral surgery procedure, by report

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

D8000-D8999 XI. Orthodontics

Dentition

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

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

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

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

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

Limited Orthodontic Treatment

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

D8010 limited orthodontic treatment of the primary dentition

D8020 limited orthodontic treatment of the transitional dentition

D8030 limited orthodontic treatment of the adolescent dentition

D8040 limited orthodontic treatment of the adult dentition

Interceptive Orthodontic Treatment

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during

the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.

D8050 interceptive orthodontic treatment of the primary dentition

D8060 interceptive orthodontic treatment of the transitional dentition

Comprehensive Orthodontic Treatment

Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or aesthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.

D8070 comprehensive orthodontic treatment of the transitional dentition

D8080 comprehensive orthodontic treatment of the adolescent dentition

D8090 comprehensive orthodontic treatment of the adult dentition

Minor Treatment to Control Harmful Habits

D8210 removable appliance therapy

Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting.

D8220 fixed appliance therapy

Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.

Other Orthodontic Services

▲ **D8660 pre-orthodontic treatment examination to monitor growth and development**

Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately.

▲ **D8670 periodic orthodontic treatment visit**

D8680 orthodontic retention (removal of appliances, construction and placement of

retainer(s))

D8690 orthodontic treatment (alternative billing to a contract fee)

Services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement.

D8691 repair of orthodontic appliance

Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.

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

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

D9000-D9999 XII. Adjunctive General Services

Unclassified Treatment

D9110 palliative (emergency) treatment of dental pain - minor procedure

This is typically reported on a “per visit” basis for emergency treatment of dental pain.

D9120 fixed partial denture sectioning

Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.

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

D9220 deep sedation/general anesthesia – first 30 minutes

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

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

▲ D9221 deep sedation/general anesthesia – each additional 15 minutes

D9230 inhalation of nitrous oxide/analgesia, anxiolysis

▲ D9241 intravenous moderate (conscious) sedation/analgesia – first 30 minutes

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in

continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

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

▲ **D9242 intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes**

▲ **D9248 non-intravenous moderate (conscious) sedation**

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

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

Professional Consultation

D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician

A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

Professional Visits

D9410 house/extended care facility call

Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.

D9420 hospital or ambulatory surgical center call

Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.

D9430 office visit for observation (during regularly scheduled hours) – no other services performed

D9440 office visit – after regularly scheduled hours

D9450 case presentation, detailed and extensive treatment planning

Established patient. Not performed on same day as evaluation.

Drugs

D9610 therapeutic parenteral drug, single administration

Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.

D9612 therapeutic parenteral drugs, two or more administrations, different medications

Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents.

This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.

D9630 other drugs and/or medicaments, by report

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

Miscellaneous Services

D9910 application of desensitizing medicament

Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.

D9911 application of desensitizing resin for cervical and/or root surface, per tooth

Typically reported on a “per tooth” basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.

D9920 behavior management, by report

May be reported in addition to treatment provided. Should be reported in 15-minute increments.

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

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

• D9931 cleaning and inspection of a removable appliance

This procedure does not include any required adjustments.

- D9940 occlusal guard, by report**
Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.
- D9941 fabrication of athletic mouthguard**
- D9942 repair and/or reline of occlusal guard**
- D9950 occlusion analysis - mounted case**
Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see [D0470](#).
- D9951 occlusal adjustment – limited**
May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.
- D9952 occlusal adjustment – complete**
Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.
- D9970 enamel microabrasion**
The removal of discolored surface enamel defects resulting from altered mineralization or decalcification of the superficial enamel layer. Submit per treatment visit.
- D9971 odontoplasty 1-2 teeth; includes removal of enamel projections**
- D9972 external bleaching – per arch – performed in office**
- D9973 external bleaching – per tooth**
- D9974 internal bleaching – per tooth**
- D9975 external bleaching for home application, per arch; includes materials and fabrication of custom trays**

• Non-clinical procedures

D9985 sales tax

- **D9986 missed appointment**
- **D9987 cancelled appointment**

D9999 unspecified adjunctive procedure, by report

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



2

Changes to the CDT Code

ADA American Dental Association®
America's leading advocate for oral health

Changes to the CDT Code

This version of the CDT Code is effective January 1, 2015 through December 31, 2015. All changes are illustrated in this section, with text additions underlined in blue ink and deleted text ~~stricken through in red ink~~. There are:

- 16 new code entries
- 52 revised code entries
- 5 deleted code entries, and
- 10+ actions affecting subcategories or their descriptors.

As noted in the preface, the CDT Code is divided into twelve Categories of Service only for the purpose of organization. Each category begins at the top of a right-hand page in this section.

D0100-D0999 I. Diagnostic

Additions

Two (2) procedure codes

D0171 re-evaluation – post-operative office visit

D0351 3D photographic image

This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

Revisions

Two (2) procedure codes

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

D0481 electron microscopy –~~diagnostic~~

~~An extreme high magnification diagnostic procedure that enables identification of cell components and microorganisms that are otherwise not identifiable under light microscopy.~~

Three (3) subcategory names or descriptors

Image Capture Only

~~Interpretation and Report Performed~~ Capture by a Practitioner ~~Not Associated With the Capture~~ not associated with Interpretation and Report

Interpretation and Report Only

~~Image Capture Performed~~ Interpretation and Report by a Practitioner ~~Not Associated With Interpretation and Report~~ not associated with Image Capture

Oral Pathology Laboratory (~~Use Codes D0472 – D0502~~)

These ~~are~~ procedures ~~generally performed in a pathology laboratory and~~ do not include the ~~removal~~ collection of the tissue sample, ~~from the patient. For removal of tissue sample, see codes D7285 and D7286~~ which is documented separately.

Deletions

None

Location Changes

To "Tests and Examinations"

D0601 carries risk assessment and documentation, with a finding of low risk

D0602 carries risk assessment and documentation, with a finding of moderate risk

D0603 carries risk assessment and documentation, with a finding of high risk

D1000-D1999 II. Preventive

Additions

One (1) procedure code

D1353 sealant repair – per tooth

Revisions

Two (2) procedure codes

D1208 topical application of fluoride – excluding varnish

D1550 re-cement~~ation-of~~ or re-bond space maintainer

Deletions

None

D2000-D2999 III. Restorative

Additions

One (1) Subcategory Descriptor

Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.

Revisions

Four (4) procedure codes

D2910 re-cement or re-bond inlay, onlay, veneer or partial coverage restoration

D2915 re-cement or re-bond ~~cast~~ indirectly fabricated or prefabricated post and core

D2920 re-cement or re-bond crown

D2975 coping

A thin covering of the ~~remaining~~ coronal portion of a tooth, usually ~~fabricated of metal~~ and devoid of anatomic contour, ~~.-This is to~~ that can be used as a definitive restoration.

Deletions

None

Format Change

The definitions of single and multi-surface restorations, before any CDT Code entries in this Category of Service, has been changed from narrative format to table format as follows:

Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisal-Lingual-Labial.
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

D3000-D3999 IV. Endodontics

Additions

None

Revisions

One (1) procedure code

D3351 apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, ~~pulp space disinfection~~, etc.)

Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

Deletions

None

D4000-D4999 V. Periodontics

Additions

None

Revisions

Three (3) procedure codes

D4249 clinical crown lengthening – hard tissue

This procedure is employed to allow [a restorative procedure](#) ~~or crown on a tooth~~ with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a [full thickness flap](#) and [removal of bone, altering the crown to root ratio](#). It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. ~~Where there are adjacent teeth, the flap design may involve a larger surgical area.~~

D4260 osseous surgery (including [elevation of a full thickness flap entry](#) and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form [during the surgical procedure](#). This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

D4261 osseous surgery (including [elevation of a full thickness flap entry](#) and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form [during the surgical procedure](#). This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

Deletions

None

D5000-D5899 VI. Prosthodontics (removable)

Additions

None

Revisions

None

Deletions

None

D5900-D5999 VII. Maxillofacial Prosthetics

Additions

None

Revisions

None

Deletions

None

Location Changes

Reorder entries alphabetically so related prostheses are adjacent to each other, as in the following highlighted examples:

D5914 auricular prosthesis

D5927 auricular prosthesis, replacement

D5913 nasal prosthesis

D5926 nasal prosthesis, replacement

D5915 orbital prosthesis

D5928 orbital prosthesis, replacement

D6000-D6199 VIII. Implant Services

Additions

Eight (8) procedure codes

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

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

Revisions

Ten-plus (10+) procedure codes

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, **and including** flap entry and closure

D6103 bone graft for repair of peri-implant defect – does not include flap entry and closure. **or, when indicated, p**Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately

D6058 abutment supported porcelain/ceramic crown

A single crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

D6059 abutment supported porcelain fused to metal crown (high noble metal)

A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

D6060 abutment supported porcelain fused to metal crown (predominantly base metal)

A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

Note: The D6058-D6060 descriptor changes noted above also apply to other CDT Codes for implant or abutment supported crowns or retainers whose descriptors include "... may be screw retained or cemented." These codes are: D6061 through D6067; D6094; D6194. All are identified in [Chapter 1](#) by a "Revision..." symbol.

D6092 re-cement [or re-bond](#) implant/abutment supported crown

D6093 re-cement [or re-bond](#) implant/abutment supported fixed partial denture

Deletions

Four (4) procedure codes

~~**D6053 implant/abutment supported removable denture for completely edentulous arch**~~

~~**D6054 implant/abutment supported removable denture for partially edentulous arch**~~

~~**D6078 implant/abutment supported fixed denture for completely edentulous arch**~~

~~A prosthesis that is retained, supported and stabilized by implants or abutments placed on implants but does not have specific relationships between implant positions and replacement teeth; may be screw retained or cemented; commonly referred to as a "hybrid prosthesis."~~

~~**D6079 implant/abutment supported fixed denture for partially edentulous arch**~~

~~A prosthesis that is retained, supported and stabilized by implants or abutments placed on implants but does not have specific relationship between implant positions and replacement teeth; may be screw retained or cemented; commonly referred to as a "hybrid prosthesis."~~

D6200-D6999 IX. Prosthodontics, fixed

Additions

One (1) procedure code

D6549 resin retainer – for resin bonded fixed prosthesis

Revisions

One (1) procedure code

D6930 re-cement or re-bond fixed partial denture

Deletions

One (1) procedure code

D6975 coping

~~To be used as a definitive restoration when coping is an integral part of a fixed prosthesis.~~

D7000-D7999 X. Oral and Maxillofacial Surgery

Additions

None

Revisions

Five (5) procedure codes

D7285 **incisional biopsy of oral tissue-hard (bone, tooth)**

For partial removal of specimen only. This procedure code involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.

D7286 **incisional biopsy of oral tissue-soft**

For partial surgical removal of an architecturally intact specimen only. This procedure code is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.

D7292 **surgical placement: of temporary anchorage device [screw retained plate] requiring ~~surgical~~ flap; includes device removal**

~~Insertion of a temporary skeletal anchorage device that is attached to the bone by screws and requires a surgical flap. Includes device removal.~~

D7293 **surgical placement: of temporary anchorage device requiring ~~surgical~~ flap; includes device removal**

~~Insertion of a device for temporary skeletal anchorage when a surgical flap is required. Includes device removal.~~

D7294 **surgical placement: of temporary anchorage device without ~~surgical~~ flap; includes device removal**

~~Insertion of a device for temporary skeletal anchorage when a surgical flap is not required. Includes device removal.~~

Deletions

None

D8000-D8999 XI. Orthodontics

Additions

None

Revisions

Three (3) procedure codes

D8660 pre-orthodontic treatment ~~visit~~ examination to monitor growth and development

Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately.

D8670 periodic orthodontic treatment visit ~~(as part of contract)~~

D8693 re-cement or ~~re-bonding or re-cementing of~~ fixed retainers

Deletions

None

D9000-D9999 XII. Adjunctive General Services

Additions

Four (4) procedure codes

D9931 cleaning and inspection of a removable appliance

This procedure does not include any required adjustments.

D9986 missed appointment

D9987 cancelled appointment

D9219 evaluation for deep sedation or general anesthesia

One (1) subcategory of service

Non-clinical procedures

Revisions

Four (4) procedure codes

D9221 **deep sedation/general anesthesia – each additional 15 minutes**

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

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

D9241 **intravenous moderate (conscious) sedation/analgesia – first 30 minutes**

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

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

D9242 intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes

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

D9248 non-intravenous moderate (conscious) sedation

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

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

Deletions

None

3

Alphabetical Index to the CDT Code

ADA American Dental Association®
America's leading advocate for oral health

Alphabetic Index to the CDT Code

Term	Code(s)	Page(s)
A		
Abscess , incision and drainage, all types	D7510, D7511, D7520, D7521	70
Abutments	Also see Retainers	
for implants	D6051, D6056, D6057	55

Accession of tissue	D0472 – D0474	11
Acid etch ; part of resin procedure	No separate code	
Adhesives , bonding agents (resin and amalgam bonding agents); part of restorative procedure	No separate code	
Adjunctive General Services (Category of Service)	D9000 – D9999	83-87
Adjunctive pre-diagnostic test	D0431	10
Adjust prosthetic appliance	D5992	43
Allograft, soft tissue	D4275, D7955	35, 76
Alveoloplasty	D7310, D7311, D7320, D7321	68
Alveolus, fracture	D7670, D7671, D7770, D7771	71-72
Amalgam restorations	D2140 – D2161	18
Amalgam and resin bonding agents (part of restorative procedure)	No separate code	
Analgesia	D9230, D9241, D9242	84
non-intravenous moderate (conscious) sedation	D9248	84
Anchorage device, temporary		
requiring flap	D7293	67
without flap	D7294	67
screw retained plate requiring flap	D7292	67
Anesthesia		
evaluation for...general	D9219	83
general	D9220, D9221	83
local	D9210, D9215	83
regional	D9211	83
trigeminal division block	D9212	83
Ankyloglossia	None	
Apexification/recalcification	D3351 – D3353	27-28
Apexogenesis	D3222	26
Apically positioned flap	D4245	33
Apicoectomy	D3410 – D3426	28-29
Appliance removal (not by dentist who placed)	D7997	78
Arthrocentesis	D7870	73
Appointment		

cancelled	D9986	87
missed	D9987	87
Arthroplasty	D7865	73
Arthroscopy	D7872 – D7877	73-74
Arthrotomy	D7860	73
Assessment of a patient	D0191	7
Athletic mouthguard	D9941	86
Autologous blood concentrate (collection and application)	D7921	75
B		
Bacteriologic studies	D0415	10
Behavior management	D9920	86
Biologic materials	D4265	34
in conjunction with periradicular surgery	D3431	29
Biopsy		
brush	D7288	67
hard tissue	D7285	67
soft tissue	D7286	67
Bitewing radiographs	D0270 – D0277	8
Bleaching		
external – per arch	D9972	87
external – per tooth	D9973	87
external – for home application	D9975	87
internal – per tooth	D9974	87
Bone fragment (post-surgical removal)	D9930	86
Bone, harvest of	D7295	68
Bone tissue, excision	D7471 – D7490	70
Bonding agents; adhesives (resin and amalgam bonding agents)	No separate code – part of restorative procedure	
Bridge	See Fixed Partial Dentures	
Bruxism appliance	D9940	86
C		
Cancelled appointment	D9986	87

Caries		
risk assessment	D0601 – D0603	11
susceptibility test	D0425	10
Carrier		
fluoride gel	D5986	52
periodontal medicament	D5994	52
radiation	D5983	52
vesiculobolus medicament	D5991	52
Case presentation	D9450	85
Cast post and core	D2952	22
each additional (same tooth)	D2953	22
Casts, diagnostic (study models)	D0470	11
Cephalometric image	D0340	8
Cleaning and inspection of a removable appliance	D9931	86
Collection and application of autologous blood concentrate	D7921	75
Combined connective tissue and double pedicle graft	D4276	35
Complications, post-surgical	D9930	86
Composite resin	See Resin-based composite (direct and indirect)	
Comprehensive orthodontics	D8070 – D8090	80
Condylectomy	D7840	73
Cone Beam – CT		
image capture and interpretation	D0364 – D0368	8-9
image capture only	D0380 – D0384	9
interpretation and report only	D0391	9
post processing image or image sets	D0393 – D0395	10
Connector bar		
dental implant supported	D6055	55
fixed partial denture	D6920	64
Conscious sedation	D9241, D9242, D9248	84
Consultation	D9310	84
Coping	D2975	23
Core buildup	D2950	22

Coronectomy	D7251	66
Coronoidectomy	D7991	77
Counseling		
nutritional	D1310	15
tobacco	D1320	15
oral hygiene	D1330	15
Crevicular antimicrobial agents	D4381	37
Crown		
abutment (on implant) supported	D6058 – D6064, D6094	56
implant supported	D6065 – D6067	57
individual restorations (indirect)	D2710 – D2799	20-21
prefabricated	D2929 – D2934	21-22
provisional	D2799	21
re-cement	D2920	21
repair	D2980	23
resin-based composite, anterior, direct	D2390	18
temporary (fractured tooth)	D2970	23
under existing removable partial	D2971	23
Crown exposure	D4230, D4231	32
Crown lengthening, hard tissue	D4249	33
Crown repair	D2980	23
Cryosurgery	D7465	69
Culture and sensitivity test	D0415	10
Culture, viral	D0416	10
Curettage		
open flap	D4240, D4241	32
without flap	D4341, D4342	36
Cysts, removal of	D7410 – D7465	69
Cytologic smears	D0480	11
Cytology sample collection	D7287	67
D		
Debridement		
endodontic	D3221	25

full mouth	D4355	37
peri-implant	D6101 – D6102	54
Dentures (removable)		
adjustments	D5410 – D5422	40
complete	D5110 – D5120	39
immediate, complete	D5130, D5140	39
implant/abutment supported, complete	D6110, D6111	55
implant/abutment supported, partial	D6112, D6113	55
modification of removable prosthesis following implant surgery	D5875	42
overdenture	D5863 – D5866	42
partial	D5211 – D5281	39-40
precision attachment	D5862	42
rebase	D5710 – D5721	41
reline	D5730 – D5761	41
repairs, complete and partial	D5510, D5520, D5610 – D5671	40
temporary/interim	D5810 – D5821	41-42
Dentures (fixed)		
implant/abutment supported, full	D6114, D6115	55
implant/abutment supported, partial	D6116, D6117	55
Desensitizing medicament	D9910	86
Desensitizing resin	D9911	86
Destruction of lesion	D7465	69
Diagnostic (Category of Service)	D0100 – D0999	5-13
Diagnostic casts	D0470	11
Diagnostic imaging		
image capture and interpretation	D0210 – D0371	7-9
image capture only	D0380 – D0386	9
interpretation and report only	D0391	9
post processing image or image sets	D0393 – D0395	10
Disc repair (TMJ)	D7852	73
Dietary planning (nutritional counseling)	D1310	15
Distal/proximal wedge	D4274	35
Dressing change, periodontal, unscheduled	D4920	37

Drugs		
therapeutic parenteral, single administration	D9610	85
therapeutic parental, two or more administrations	D9612	85
other	D9630	85
Dry socket /localized osteitis	D9930	86
E		
Emergency treatment	D0140, D9110	5, 83
Enamel microabrasion	D9970	87
Enameloplasty	D9971	87
Endodontics (Category of Service)	D3000 – D3999	25-30
Endodontic endosseous implant	D3460	29
Equilibration (occlusal adjustment)	D9951, D9952	86-87
Eruption of teeth		
mobilization, surgical	D7282	66
placement of device to aid eruption	D7283	67
Evaluations		
periodic – established patient	D0120	5
limited – problem focused	D0140	5
for patient under 3 years & counseling with primary caregiver	D0145	5
comprehensive – new or established patient	D0150	6
detailed and extensive – problem focused, by report	D0160	6
re-evaluation – limited	D0170	6
re-evaluation – post operative office visit	D0171	7
comprehensive periodontal – new or established patient	D0180	7
pre-orthodontic (examination)	D8660	81
Excision		
benign lesion	D7410 – D7412	69
malignant lesion/tumor	D7413 – D7415, D7440, D7441	69
Exfoliative cytological smear	D0480	11
Exostosis (tuberosity); removal of		
lateral exostosis	D7471	70

osseous tuberosity	D7485	70
surgical reduction of fibrous tuberosity	D7972	77
torus palatinus	D7472	70
torus mandibularis	D7473	70
Extraoral Images (radiographic)	D0250, D0260	8
Extractions	D7111, D7140	65
surgical	D7210 – D7250	65
F		
Facial Bone Survey	D0290	8
Fiberotomy , transseptal	D7291	67
Fibroma	D7410, D7411	69
Fissurotomy	see Odontoplasty	
Fistula		
oroantral	D7260	66
salivary	D7983	77
Fixation device, not in conjunction with fracture	D7998	78
Fixed partial dentures (bridges)		
pontics	D6205 – D6253	61
re-cementation	D6930	64
repair	D6980	64
retainers		
<i>crowns</i>	D6710 – D6794	63
<i>implant/abutment supported</i>	D6068 – D6077, D6194	57-58
<i>inlay/onlay</i>	D6600 – D6634	62
<i>Maryland Bridge</i>	D6545, D6548, D6549	62
<i>pediatric</i>	D6985	64
sectioning	D9120	83
Flaps		
apically positioned	D4245	33
gingival	D4240, D4241	32
Flexible base partial denture	D5225, D5226	39-40
“Flipper” , interim/transitional removable	D5820, D5821	41-42

prosthesis (aka “stayplate”)		
Fluoride		
dispensing for home use	D9630	85
gel carrier	D5986	52
topical	D1208	15
varnish	D1206	15
Foreign bodies, removal of	D7530, D7540	70
Fractures, treatment of		
alveolus	D7670, D7770	71-72
facial bone	D7680, D7780	71-72
malar/zygomatic arch		
<i>no incision required</i>	D7650 – D7660	71
<i>surgical incision required</i>	D7750 – D7760	72
mandible		
<i>compound open reduction</i>	D7730	72
<i>compound closed reduction</i>	D7740	72
<i>simple open reduction</i>	D7630	71
<i>simple closed reduction</i>	D7640	71
maxilla		
<i>compound open reduction</i>	D7710	72
<i>compound closed reduction</i>	D7720	72
<i>simple open reduction</i>	D7610	71
<i>simple closed reduction</i>	D7620	71
Frenectomy/frenotomy (frenulectomy)	D7960	77
Frenuloplasty	D7963	77
Full mouth series	D0210	7
G		
Genetic test	D0421	10
Gingiva, pericoronal, removal of	D7971	77
Gingival flap	D4240, D4241	32
Gingival Irrigation	D4921	37
Gingivectomy/gingivoplasty	D4210, D4211, D4212	31-32
Glass ionomers (resin restorations)	D2330 – D2394	18-19

Gold foil	D2410 – D2430	19
Graft		
bone replacement	D4263, D4264, D6103, D6104, D7953	33-34, 54, 76
combined connective tissue and double pedicle	D4276	35
free soft tissue	D4277 – D4278	35-36
maxillofacial soft/hard tissue	D7955	76
osseous, osteoperiosteal, or cartilage	D7950	76
pedicle soft tissue	D4270	35
periradicular	D3428, D3429	29
sinus augmentation	D7951	76
skin	D7920	75
soft tissue	D4270 – D4273	35
subepithelial connective tissue	D4273	35
synthetic	D7955	76
Guided tissue regeneration	D4266, D4267	34
in conjunction with periradicular surgery	D3432	29
H		
Harvest of bone	D7295	68
Hemisection	D3920	30
Hospital call (hospital or ambulatory surgicenter visit)	D9420	85
House call (nursing home visit)	D9410	85
Hyperplastic tissue removal	D7970	77
I		
Images, oral/facial	D0350	8
Immediate complete denture	D5130, D5140	39
Impacted tooth , removal of	D7220 – D7241	65-66
Implant		
abutments	D6056, D6057, D6051	55
chin	D7995	77
endodontic	D3460	29

endosteal/endosseous	D6010	53
eposteal/subperiosteal	D6040	53
interim implant	D6012	53
maintenance	D6080	59
mandible	D7996	78
mini	D6013	53
modification of removable prosthesis	D5875	42
other implant services	D6080 – D6199	59
peri-implant defect	D6103	54
radiographic/surgical implant index	D6190	53
re-cement	D6092, D6093	59
removal	D6100	54
repair	D6090, D6091, D6095	59
second stage surgery	D6011	53
transosteal/transosseous	D6050	54
Implant Services (Category of Service)	D6000 – D6199	53-59
Implantation (of tooth)	See Re-implantation	
Incision and drainage	D7510, D7511, D7520, D7521	70
Inlay		
fixed partial denture retainer		
<i>metallic</i>	D6602 – D6607, D6624	62
<i>porcelain/ceramic</i>	D6600 – D6601	62
metallic	D2510 – D2530	19
porcelain/ceramic	D2610 – D2630	19
re-cement	D2910	21
resin-based composite	D2650 – D2652	20
Intentional re-implantation	D3470	29
Interceptive orthodontics	D8050, D8060	80
Interim abutment	D6051	55
Interim complete denture	D5810, D5811	41
Interim partial denture	D5820, D5821	41-42
Internal root repair	D3333	27
Interpretation of diagnostic image (different practitioner)	D0391	9

Intravenous moderate (conscious) sedation/analgesia

first 30 minutes	D9241	84
each additional 15 minutes	D9242	84
Irrigation (gingival)	D4921	37

J

Joint reconstruction	D7858	73
-----------------------------	-------	----

K

No "K" terms

L

Labial veneer	D2960, D2961, D2962	23
Laser	No separate code – part of dental procedure code that appropriately describes the service provided	
Lateral exostosis	D7471	70
LeFort I	D7946, D7947	75
LeFort II; LeFort III	D7948, D7949	75
Lesions, surgical excision		
intra-osseous lesions	D7440 – D7461	69
soft tissue	D7410 – D7415, D7465	69
Limited orthodontic treatment	D8010 – D8040	79
Localized osteitis/dry socket	D9930	86

M

Maintenance and cleaning of prosthesis	D5993	43
Malar bone, repair of fracture	D7650, D7660, D7750, D7760	71-72
Malocclusion, correction of	D8000 – D8999	79-81
Mandible, fracture of	D7630 – D7640, D7730 – D7740	71-72
Maryland Bridge (resin bonded fixed prosthesis)		
retainer/abutment	D6545, D6548, D6549	62
pontic	D6210 – D6252	61
Maxilla, repair of fracture	D7610 – D7620, D7710 – D7720	71-72
Maxillofacial defect	D7955	76
Maxillofacial MRI		
capture and interpretation	D0369	9

image capture (only)	D0385	9
Maxillofacial Prosthetics (Category of Service)	D5900 – D5999	43-52
adjust prosthetic appliance	D5992	43
maintenance and cleaning of prosthesis	D5993	43
Maxillofacial ultrasound		
capture and interpretation	D0370	9
image capture (only)	D0386	9
Metals , classification of		4
Microabrasion , enamel	D9970	87
Microorganisms , culture and sensitivity	D0415	10
Missed appointment	D9987	87
Moulage , facial	D5911, D5912	44
Moderate sedation	D9241, D9242, D9248	84
Mouthguard , athletic	D9941	86
Mucosal abnormalities , pre-diagnostic test	D0431	10
Myotomy	D7856	73
N		
Neoplasms , removal of	D7410 – D7465	69
Nightguard	D9940	86
Nitrous oxide , analgesia	D9230	84
Non-intravenous moderate (conscious) sedation	D9248	84
Non-odontogenic cyst	D7460, D7461	69
Nursing home , (house/extended care facility visit)	D9410	85
Nutritional counseling	D1310	15
O		
Obturator		
post-surgical	D5932	46
refitting	D5933	47
surgical	D5931	47
Occlusal adjustment (equilibration)	D9951, D9952	86-87
Occlusal image , intraoral	D0240	8

Occlusal guard	D9940	86
reline or repair	D9942	86
Occlusal orthotic device	D7880	74
Occlusion analysis	D9950	86
Odontogenic cyst	D7450, D7451	69
Odontoplasty (enameloplasty)	D9971	87
Office visit	D9430, D9440	85
Onlay		
fixed partial denture retainers, metallic	D6610 – D6615, D6634	62
metallic	D2542 – D2544	19
porcelain/ceramic	D2642 – D2644	19-20
resin-based composite	D2662 – D2664	20
Operculectomy	D7971	77
Oral & Maxillofacial Surgery (Category of Service)	D7000 – D7999	65-78
Oral hygiene instructions	D1330	15
Oral pathology		
accession of tissue	D0472 – D0474; D0480, D0486	11-12
consultation, slides	D0484, D0485	12-13
cytology	D0480	11
decalcification procedure	D0475	12
electron microscopy	D0481	12
immunofluorescence		
<i>direct</i>	D0482	12
<i>indirect</i>	D0483	12
immunohistochemical stains	D0478	12
other oral pathology procedures	D0502	13
special stains	D0476, D0477	12
tissue hybridization	D0479	12
Orthodontics (Category of Service)	D8000 – D8999	79-81
Orthodontic treatment (not by the original treating dentist)	D8690	81
Orthotic appliance	D7880	74
Osseous surgery/graft	D4260 – D4264	33-34

Ostectomy, partial	D7550	71
Osteitis, localized; dry socket	D9930	86
Osteoplasty	D7940	75
Osteotomy	D7941 – D7945	75
Overdenture		
maxillary	D5863, D5864	42
mandibular	D5865, D5866	42
dental implant supported fixed	D6114 – D6117	55
dental implant supported removable	D6110 – D6113	55
P		
Palliative treatment	D9110	83
Panoramic image	D0330	8
Partial dentures, fixed	See fixed partial denture	
Partial dentures, removable		
adjustments	D5421, D5422	40
cast metal framework, resin base	D5213, D5214	39
flexible base	D5225, D5226	39-40
interim	D5820, D5821	41-42
overdenture	D5863-D5866	42
reline	D5740, D5741, D5760, D5761	41
repair	D5610 – D5671	40
resin base	D5211, D5212	39
unilateral	D5281	40
Patient		
Screening	D0190	7
Assessment	D0191	7
Perforation defect, internal repair	D3333	27
Periapical images	D0220 – D0230	7-8
Pericoronal gingival excision	D7971	77
Periodic orthodontic treatment visit	D8670	81
Periodontal evaluation	D0180	7
Periodontal maintenance	D4910	37
Periodontics (Category of Service)	D4000 – D4999	31-37

Periradicular surgery/apicoectomy	D3410 – D3426	28-29
Periradicular surgery without apicoectomy	D3427	29
Pharmacologic agents	See Drugs	
Photographic images, diagnostic		
2D (two-dimensional)	D0350	8
3D (three-dimensional)	D0351	8
Pin retention	D2951	22
Pit and fissure sealant	D1351	16
Plasma rich protein	D4265, D7921	34, 75
Porcelain/ceramic, definition of		4
Post and core		
indirectly fabricated	D2952	22
<i>each additional (same tooth)</i>	D2953	22
prefabricated	D2954	22
<i>each additional (same tooth)</i>	D2957	23
Post, removal of	D2955	22
Precision attachment	D5862, D6950	42, 64
Replacement of replaceable part	D5867, D6091	42, 59
Prefabricated crown	D2929 – D2933	21-22
Pre-orthodontic treatment examination	D8660	81
Preventive (Category of Service)	D1000 – D1999	15-16
Preventive resin restoration	D1352	16
Prophylaxis	D1110, D1120	15
Prostheses (maxillofacial prosthetics)	D5900 – D5999	43-52
auricular	D5914	43
cranial	D5924	43
facial	D5919, D5925, D5929	44
feeding aid	D5951	45
maintenance and cleaning	D5993	43
mandibular resection	D5934, D5935	45
nasal	D5913, D5922, D5926	46
oburator	D5931 – D5933, D5936	47
ocular	D5916	48
orbital	D5915	48

palatal	D5954 – D5959	49
speech aid	D5952, D5953, D5960	50
Prosthodontics		
fixed (Category of Service)	D6200 – D6999	61-64
implant-supported	D6110 – D6117, D6094, D6194	55-56, 58
maxillofacial (Category of Service)	D5900 – D5999	43-52
removable (Category of Service)	D5000 – D5899	39-42
Protective restoration	D2940	22
Provisional		
single crown	D2799	21
pontic (FPD)	D6253	61
retainer crown (FPD)	D6793	63
Proximal/distal wedge	D4274	35
Pulp cap	D3110, D3120	25
Pulp vitality tests	D0460	10
Pulpal debridement	D3221	25
Pupal regeneration	D3355 – D3357	28
Pulpal therapy, primary teeth	D3230, D3240	26
Pulpotomy		
therapeutic (excluding final restoration)	D3220	25
partial for apexogenesis	D3222	26
Q		
No “Q” terms.		
R		
Radiation		
carrier	D5983	52
cone locator	D5985	49
shield	D5984	50
Radiographic/surgical implant index	D6190	53
Radiographs		
image capture and interpretation	D0210 – D0340	7-8
interpretation and report only	D0391	9
Reattach tooth fragment	D2921	21

Recalcification/apexification	D3351 – D3353	27-28
Re-cement		
bridge	D6930	64
crown	D2920	21
fixed retainers	D8693	81
implant fixed partial denture	D6093	59
implant crown	D6092	59
inlay	D2910	21
onlay	D2910	21
post and core	D2915	21
space maintainer	D1550	16
veneer	D2910	21
Re-implantation		
intentional	D3470	29
accidentally evulsed or displaced	D7270	66
Removable partial denture	See Partial Dentures	
Repair		
complete removable denture	D5510, D5520	40
crown	D2980	23
fixed partial denture	D6980	64
implant precision or semi-precision attachment	D6091	59
inlay	D2981	23
occlusal guard	D9942	86
onlay	D2982	23
orthodontic appliance	D8691	81
orthodontic fixed retainer	D8693, D8694	81
precision or semi-precision attachment	D5867, D6052	42, 55
removable partial dentures	D5610 – D5671	40
sealant	D1353	16
veneer	D2983	23
Resin, definition of		4
Resin-based composite, direct		
anterior	D2330 – D2335	18
crown	D2390	18

posterior	D2391 – D2394	18-19
veneers	D2960	23
Resin-based composite, indirect		
crown	D2710	20
fixed partial denture abutment	D6710	63
inlay/onlay	D2650 – D2664	20
pontic	D6205	61
¾ crown	D2712	20
veneers	D2961	23
Restorations		
amalgam	D2140 – D2161	18
gold foil	D2410 – D2430	19
inlay/onlay	D2510 – D2664	19-20
	D6600 – D6634	62
interim therapeutic	D2941	22
resin-based composite	D2330 – D2394	18-19
resin infiltration	D2990	21
preventive resin	D1352	16
protective	D2940	22
Restorative (Category of Service)	D2000 – D2999	17-23
Restorative foundation for indirect restoration	D2949	22
Retainers		
fixed partial denture		
<i>resin bonded (aka "Maryland Bridge")</i>	D6545, D6548, D6549	62
<i>inlays/onlays</i>	D6600 – D6634	62
<i>crowns</i>	D6710 – D6794	63
implant abutment supported	D6068 – D6074, D6194	57-58
implant supported	D6075 – D6077	58
orthodontic	D8680, D8691, D8692	81
Retreatment, endodontic	D3346 – D3348	27
Retrograde filling	D3430	29
Revision, periodontal surgery	D4268	34
Ridge augmentation (grafting)	D7950	76

Root		
planing	D4341	36
removal	D7140, D7250	65
resection/amputation	D3450	29
Root canal		
therapy	D3310 – D3353	26-28
obstruction	D3331	27
incomplete	D3332	27
Rubber dam, surgical isolation	D3910	30
S		
Sales tax	D9985	87
Saliva		
sample collection	D0417	10
analysis of sample	D0418	10
Salivary gland		
excision	D7981	77
fistula closure	D7983	77
Scaling and root planing	D4341, D4342	36
Screening of a patient	D0190	7
Sealant		
placement	D1351	16
repair	D1353	16
Section of fixed partial denture	D9120	83
Sedation		
evaluation for...deep...	D9219	83
deep	D9220, D9221	83
intravenous, moderate (conscious)	D9241, D9242	84
non-intravenous, moderate (conscious)	D9248	84
Sedative filling	See Protective Restoration	
Semi-precision attachment abutment	D6052	55
Sequestrectomy	D7550	71
Sialodochoplasty	D7982	77
Sialoendoscopy capture and interpretation	D0371	9

Sialography	D0310	8
Sialolithotomy	D7980	77
Sinus augmentation		
via lateral open approach	D7951	76
via vertical approach	D7952	76
Sinus perforation, closure	D7261	66
Sinusotomy	D7560	71
Skin graft	D7920	75
Sleep apnea appliance	D5999	52
Space maintainer	D1510 – D1550	16
re-cement	D1550	16
removal (by dentist who did not place appliance)	D1555	16
Speech aid		
adult	D5953	50
pediatric	D5952	50
Splinting		
commissure	D5987	43
provisional	D4320, D4321	36
surgical	D5988	51
Stainless steel crown	D2930, D2931, D2933, D2934	21-22
Stayplate (aka “flipper”)	D5820, D5821	41-42
Stent	D5982	51
Stress breaker	D6940	64
Supra crestal fiberotomy	D7291	67
Surgical/ambulatory center	D9420	85
Suturing		
simple	D7910	74
complicated	D7911, D7912	74
Synovectomy	D7854	73
T		
Temporomandibular joint (TMJ)		
manipulation	D7830	72
radiographs	D0320, D0321	8

reduction	D7810 – D7820	72
surgical discectomy	D7850	73
treatment	D7810 – D7899	72-74
Thumb sucking appliance	D8210, D8220	81
Tissue conditioning	D5850, D5851	42
Tissue , excision of hyperplastic	D7970	77
Titanium		
crown, FPD retainer	D6794	63
crown, single unit	D2794	21
implant abutment supported	D6094	56
implant abutment supported for FPD	D6194	58
implant supported	D6065	57
implant supported for FPD	D6067	57
inlay, FPD retainer	D6624	62
onlay, FPD retainer	D6634	62
pontic	D6214	62
Tobacco counseling	D1320	15
Tomographic survey	D0322	8
Tongue thrusting appliance	D8210, D8220	81
Tooth, natural		
caries susceptibility test	D0425	10
extraction	D7111, D7140, D7210 – D7250	65
impacted, removal of	D7220 – D7241	65-66
intentional re-implantation	D3470	29
pulp vitality test	D0460	10
re-implantation, evulsed/displaced	D7270	66
surgical access	D7280	66
surgical repositioning	D7290	67
transplantation	D7272	66
Tooth, reattach fragment	D2921	21
Topical medicament carrier	D5991	52
Torus (removal of)		
mandibularis	D7473	70
palatinus	D7472	70

Tracheotomy, emergency	D7990	77
Transplantation, tooth	D7272	66
Transseptal fiberotomy	D7291	67
Trismus appliance	D5937	51
Tuberosity		
fibrous	D7972	77
surgical reduction	D7485	70
Tumors, (removal of)	D7440 – D7465	69
U		
Un-erupted tooth, surgical access	D7280	66
Unilateral removable partial denture	D5281	40
V		
Veneers	D2960 – D2962	23
Vertical bitewings	D0277	8
Vestibuloplasty	D7340, D7350	68
Viral culture	D0416	10
W		
Wax-up (diagnostic)	D9950	86
Whitening	See Bleaching	
Wounds, treatment of	D7910 – D7912	74
X		
X-rays	See Diagnostic Imaging	
Y		
No “Y” terms.		
Z		
Zygomatic arch		
simple fracture treatment		
<i>open reduction</i>	D7650	71
<i>closed reduction</i>	D7660	71
compound fracture treatment		

<i>open reduction</i>	D7750	72
<i>closed reduction</i>	D7760	72

4

Numeric Index to the CDT Code

ADA American Dental Association®
America's leading advocate for oral health

CDT Category		Changes	
Code	Page	● = Addition ▲ = Revision # = Deletion	Page
1. Diagnostic			
D0120	5		
D0140	5		
D0145	5		
D0150	6		

D0160	6		
D0170	6		
D0171	7	● Addition	93
D0180	7		
D0190	7		
D0191	7		
D0210	7		
D0220	7		
D0230	8		
D0240	8		
D0250	8		
D0260	8		
D0270	8		
D0272	8		
D0273	8		
D0274	8		
D0277	8		
D0290	8		
D0310	8		
D0320	8		
D0321	8		
D0322	8		
D0330	8		
D0340	8		
D0350	8	▲ Revision	93
D0351	8	● Addition	93
D0364	8		
D0365	8		
D0366	9		
D0367	9		
D0368	9		
D0369	9		
D0370	9		
D0371	9		

D0380	9		
D0381	9		
D0382	9		
D0383	9		
D0384	9		
D0385	9		
D0386	9		
D0391	9		
D0393	10		
D0394	10		
D0395	10		
D0415	10		
D0416	10		
D0417	10		
D0418	10		
D0421	10		
D0425	10		
D0431	10		
D0460	10		
D0470	11		
D0472	11		
D0473	11		
D0474	11		
D0475	12		
D0476	12		
D0477	12		
D0478	12		
D0479	12		
D0480	11		
D0481	12	▲ Revision	93
D0482	12		
D0483	12		
D0484	12		

D0485	13		
D0486	12		
D0502	13		
D0601	11		
D0602	11		
D0603	11		
D0999	13		

II. Preventive

D1110	15		
D1120	15		
D1206	15		
D1208	15	▲ Revision	95
D1310	15		
D1320	15		
D1330	15		
D1351	16		
D1352	16		
D1353	16	● Addition	95
D1510	16		
D1515	16		
D1520	16		
D1525	16		
D1550	16	▲ Revision	95
D1555	16		
D1999	16		

III. Restorative

D2140	18		
D2150	18		
D2160	18		
D2161	18		
D2330	18		
D2331	18		
D2332	18		

D2335	18		
D2390	18		
D2391	18		
D2392	18		
D2393	19		
D2394	19		
D2410	19		
D2420	19		
D2430	19		
D2510	19		
D2520	19		
D2530	19		
D2542	19		
D2543	19		
D2544	19		
D2610	19		
D2620	19		
D2630	19		
D2642	19		
D2643	20		
D2644	20		
D2650	20		
D2651	20		
D2652	20		
D2662	20		
D2663	20		
D2664	20		
D2710	20		
D2712	20		
D2720	20		
D2721	20		
D2722	20		
D2740	20		
D2750	20		

D2751	20		
D2752	20		
D2780	20		
D2781	20		
D2782	21		
D2783	21		
D2790	21		
D2791	21		
D2792	21		
D2794	21		
D2799	21		
D2910	21	▲ Revision	97
D2915	21	▲ Revision	97
D2920	21	▲ Revision	97
D2921	21		
D2929	21		
D2930	21		
D2931	21		
D2932	21		
D2933	22		
D2934	22		
D2940	22		
D2941	22		
D2949	22		
D2950	22		
D2951	22		
D2952	22		
D2953	22		
D2954	22		
D2955	22		
D2957	23		
D2960	23		
D2961	23		
D2962	23		

D2970	23		
D2971	23		
D2975	23	▲ Revision	97
D2980	23		
D2981	23		
D2982	23		
D2983	23		
D2990	21		
D2999	23		

IV. Endodontics

D3110	25		
D3120	25		
D3220	25		
D3221	25		
D3222	26		
D3230	26		
D3240	26		
D3310	26		
D3320	26		
D3330	26		
D3331	27		
D3332	27		
D3333	27		
D3346	27		
D3347	27		
D3348	27		
D3351	27	▲ Revision	99
D3352	27		
D3353	28		
D3355	28		
D3356	28		
D3357	28		
D3410	28		

D3421	28		
D3425	28		
D3426	29		
D3427	29		
D3428	29		
D3429	29		
D3430	29		
D3431	29		
D3432	29		
D3450	29		
D3460	29		
D3470	29		
D3910	30		
D3920	30		
D3950	30		
D3999	30		

V. Periodontics

D4210	31		
D4211	31		
D4212	32		
D4230	32		
D4231	32		
D4240	32		
D4241	32		
D4245	33		
D4249	33	▲ Revision	101
D4260	33	▲ Revision	101
D4261	33	▲ Revision	101
D4263	33		
D4264	34		
D4265	34		
D4266	34		
D4267	34		
D4268	34		

D4270	35		
D4273	35		
D4274	35		
D4275	35		
D4276	35		
D4277	35		
D4278	36		
D4320	36		
D4321	36		
D4341	36		
D4342	36		
D4355	37		
D4381	37		
D4910	37		
D4920	37		
D4921	37		
D4999	37		

VI. Prosthodontics (removable)

D5110	39		
D5120	39		
D5130	39		
D5140	39		
D5211	39		
D5212	39		
D5213	39		
D5214	39		
D5225	39		
D5226	40		
D5281	40		
D5410	40		
D5411	40		
D5421	40		
D5422	40		

D5510	40		
D5520	40		
D5610	40		
D5620	40		
D5630	40		
D5640	40		
D5650	40		
D5660	40		
D5670	40		
D5671	40		
D5710	41		
D5711	41		
D5720	41		
D5721	41		
D5730	41		
D5731	41		
D5740	41		
D5741	41		
D5750	41		
D5751	41		
D5760	41		
D5761	41		
D5810	41		
D5811	41		
D5820	41		
D5821	42		
D5850	42		
D5851	42		
D5862	42		
D5863	42		
D5864	42		
D5865	42		
D5866	42		
D5867	42		

D5875

42

D5899

42

VII. Maxillofacial Prosthetics

D5911

44

D5912

44

D5913

46

D5914

43

D5915

48

D5916

48

D5919

44

D5922

46

D5923

48

D5924

43

D5925

44

D5926

46

D5927

43

D5928

48

D5929

44

D5931

47

D5932

46

D5933

47

D5934

45

D5935

45

D5936

47

D5937

51

D5951

45

D5952

50

D5953

50

D5954

49

D5955

49

D5958

49

D5959

49

D5960

50

D5982	51		
D5983	52		
D5984	50		
D5985	49		
D5986	52		
D5987	43		
D5988	51		
D5991	52		
D5992	43		
D5993	43		
D5994	52		
D5999	52		

VIII. Implant Services

D6010	53		
D6011	53		
D6012	53		
D6013	53		
D6040	53		
D6050	54		
D6051	55		
D6052	55		
D6053		# Deletion	109
D6054		# Deletion	109
D6055	55		
D6056	55		
D6057	55		
D6058	56	▲ Revision	108
D6059	56	▲ Revision	108
D6060	56	▲ Revision	108
D6061	56	▲ Revision	108
D6062	56	▲ Revision	108
D6063	56	▲ Revision	108
D6064	56	▲ Revision	108
D6065	57	▲ Revision	108

D6066	57	▲ Revision	108
D6067	57	▲ Revision	108
D6068	57	▲ Revision	108
D6069	57	▲ Revision	108
D6070	57	▲ Revision	108
D6071	57	▲ Revision	108
D6072	57	▲ Revision	108
D6073	58	▲ Revision	108
D6074	58	▲ Revision	108
D6075	58	▲ Revision	108
D6076	58	▲ Revision	108
D6077	58	▲ Revision	108
D6078		# Deletion	109
D6079		# Deletion	109
D6080	59		
D6090	59		
D6091	59		
D6092	59	▲ Revision	108
D6093	59	▲ Revision	108
D6094	56	▲ Revision	108
D6095	59		
D6100	54		
D6101	54	▲ Revision	107
D6102	54	▲ Revision	107
D6103	54	▲ Revision	108
D6104	54		
D6110	55	● Addition	107
D6111	55	● Addition	107
D6112	55	● Addition	107
D6113	55	● Addition	107
D6114	55	● Addition	107
D6115	55	● Addition	107
D6116	55	● Addition	107

D6117	55	• Addition	107
D6190	53		
D6194	58		
D6199	59		

IX. Prosthodontics, Fixed

D6205	61		
D6210	61		
D6211	61		
D6212	61		
D6214	61		
D6240	61		
D6241	61		
D6242	61		
D6245	61		
D6250	61		
D6251	61		
D6252	61		
D6253	61		
D6545	62		
D6548	62		
D6549	62	• Addition	111
D6600	62		
D6601	62		
D6602	62		
D6603	62		
D6604	62		
D6605	62		
D6606	62		
D6607	62		
D6608	62		
D6609	62		
D6610	62		
D6611	62		

D6612	62		
D6613	62		
D6614	62		
D6615	62		
D6624	62		
D6634	62		
D6710	63		
D6720	63		
D6721	63		
D6722	63		
D6740	63		
D6750	63		
D6751	63		
D6752	63		
D6780	63		
D6781	63		
D6782	63		
D6783	63		
D6790	63		
D6791	63		
D6792	63		
D6793	63		
D6794	63		
D6920	64		
D6930	64	▲ Revision	111
D6940	64		
D6950	64		
D6975		# Deletion	111
D6980	64		
D6985	64		
D6999	64		
X. Oral and Maxillofacial Surgery			
D7111	65		

D7140	65		
D7210	65		
D7220	65		
D7230	65		
D7240	65		
D7241	66		
D7250	66		
D7251	66		
D7260	66		
D7261	66		
D7270	66		
D7272	66		
D7280	66		
D7282	66		
D7283	67		
D7285	67	▲ Revision	113
D7286	67	▲ Revision	113
D7287	67		
D7288	67		
D7290	67		
D7291	67		
D7292	67	▲ Revision	113
D7293	67	▲ Revision	113
D7294	67	▲ Revision	113
D7295	68		
D7310	68		
D7311	68		
D7320	68		
D7321	68		
D7340	68		
D7350	68		
D7410	69		
D7411	69		
D7412	69		

D7413	69		
D7414	69		
D7415	69		
D7440	69		
D7441	69		
D7450	69		
D7451	69		
D7460	69		
D7461	69		
D7465	69		
D7471	70		
D7472	70		
D7473	70		
D7485	70		
D7490	70		
D7510	70		
D7511	70		
D7520	70		
D7521	70		
D7530	70		
D7540	70		
D7550	71		
D7560	71		
D7610	71		
D7620	71		
D7630	71		
D7640	71		
D7650	71		
D7660	71		
D7670	71		
D7671	71		
D7680	71		
D7710	72		
D7720	72		

D7730	72		
D7740	72		
D7750	72		
D7760	72		
D7770	72		
D7771	72		
D7780	72		
D7810	72		
D7820	72		
D7830	72		
D7840	73		
D7850	73		
D7852	73		
D7854	73		
D7856	73		
D7858	73		
D7860	73		
D7865	73		
D7870	73		
D7871	73		
D7872	73		
D7873	73		
D7874	74		
D7875	74		
D7876	74		
D7877	74		
D7880	74		
D7899	74		
D7910	74		
D7911	74		
D7912	74		
D7920	75		
D7921	75		
D7940	75		

D7943	75		
D7944	75		
D7945	75		
D7946	75		
D7947	75		
D7948	75		
D7949	75		
D7950	76		
D7951	76		
D7952	76		
D7953	76		
D7955	76		
D7960	77		
D7963	77		
D7970	77		
D7971	77		
D7972	77		
D7980	77		
D7981	77		
D7982	77		
D7983	77		
D7990	77		
D7991	77		
D7995	77		
D7996	78		
D7997	78		
D7998	78		
D7999	78		

XI. Orthodontics

D8010	79		
D8020	79		
D8030	79		
D8040	79		
D8050	80		

D8060	80		
D8070	80		
D8080	80		
D8090	80		
D8210	81		
D8220	81		
D8660	81	▲ Revision	115
D8670	81	▲ Revision	115
D8680	81		
D8690	81		
D8691	81		
D8692	81		
D8693	81	▲ Revision	115
D8694	81		
D8999	81		

XII. Adjunctive General Services

D9110	83		
D9120	83		
D9210	83		
D9211	83		
D9212	83		
D9215	83		
D9219	83	● Addition	117
D9220	83		
D9221	84	▲ Revision	117
D9230	84		
D9241	84	▲ Revision	118
D9242	84	▲ Revision	118
D9248	84	▲ Revision	118
D9310	84		
D9410	85		
D9420	85		
D9430	85		

D9440	85		
D9450	85		
D9610	85		
D9612	85		
D9630	85		
D9910	86		
D9911	86		
D9920	86		
D9930	86		
D9931	86	● Addition	117
D9940	86		
D9941	86		
D9942	86		
D9950	86		
D9951	86		
D9952	87		
D9970	87		
D9971	87		
D9972	87		
D9973	87		
D9974	87		
D9975	87		
D9985	87		
D9986	87	● Addition	117
D9987	87	● Addition	117
D9999	87		



5

Guide to the CDT Manual CD-ROM

ADA American Dental Association®
America's leading advocate for oral health

Guide to the CDT Manual CD-ROM

The CD-ROM included with this book contains the complete text of the American Dental Association's *CDT 2015: Current Dental Terminology* in electronic format.

Starting the CD-ROM

Insert the CD-ROM into your computer's CD-ROM drive. You will need to reinsert the CD-ROM each time you wish to run the program. The documents on this CD-ROM are provided in

Adobe® PDF format. To view them, you will need **Adobe® Reader**. If you do not have this software, you can download it for free at www.adobe.com/products/reader.html. You can also install it on your computer (or test to see if you have it) from the CD-ROM menu.

- If you are using **Windows**, the menu may appear automatically after the title screen. If it does not, click on the Windows **Start** menu, select **Run**, and type in D:\cdt2015.exe (where “D” is your CD-ROM drive). The menu page will then appear. Just click on the heading of the document you’d like to view.
- If you are using a **Mac**, double-click on the “CDT 2015” CD icon on your desktop

Navigating Documents

Once opened, the PDF files will look like the pages of the CDT manual. You can turn on the **Bookmarks** feature of an open PDF document by clicking on the Bookmarks tab in the upper left corner. Each bookmark is a link to the corresponding section of the document. To get back to the Menu page, click on the **CDT icon** on the status bar at the bottom of the page, or close the Reader window. All PDF documents on the CD-ROM are searchable. There are two main ways to **locate a keyword or code** within the text of a document:

- To **Find** the next appearance of a term, hit Ctrl + F, type the search term and hit Enter. Or, choose Edit from the Menu bar, then Find. The Find function only looks for the term in the current document.
- To **Search** for all instances of a term in the document, hit Shift + Ctrl + F and type in the text. This Search function also allows you to search for the term in other documents on the CD-ROM or your computer. For help using Adobe® Reader, open the reader and select **Help** from the top menu bar at the top of your screen. You can also visit the Adobe® website at www.adobe.com.

Printing Documents

To print an open PDF document, click on the **Print** icon at the upper left of the page, or choose **File**, then **Print**. The entire chapter will print unless you specify Current Page or give a page range.

Exiting Program

To get out of the program, click on the **Close Window** icon (X at top right of the CD-ROM menu). You will see a message box with a question mark. Select “Exit program” and eject the CD-ROM from the drive.

Questions about CDT Content

For questions about dental procedure coding or claim submission, call the ADA Member Service Center at 800.621.8099. Support is available 8:30 a.m. to 5:00 p.m. CST, Monday through Friday.

Computer/CD Technical Support

For technical support regarding the *CDT 2015 CD-ROM*, call the ADA Technical Support Center toll free at 800.232.2165. Support is available 8:30 a.m. to 5:00 p.m. CST, Monday through Friday.