

| Code | Procedure Description |
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| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED |
| D0170 | RE-EVALUATION, LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT) |
| D0210 | INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES |
| D0240 | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE |
| D0250 | EXTRAORAL - FIRST RADIOGRAPHIC IMAGE |
| D0260 | EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE |
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE |
| D0350 | 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY |
| D0364 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW |
| D0365 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED 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 (SEE BOOK) |
| D0367 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM |
| D0391 | INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING THE REPORT |
| D0470 | DIAGNOSTIC CASTS |
| D1110 | PROPHYLAXIS - ADULT |
| D1120 | PROPHYLAXIS - CHILD |
| D1206 | TOPICAL APPLICATION OF FLUORIDE VARNISH |
| D1208 | TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH |
| D1510 | SPACE MAINTAINER - FIXED - UNILATERAL |
| D1515 | SPACE MAINTAINER - FIXED - BILATERAL |
| D1525 | SPACE MAINTAINER - REMOVABLE - BILATERAL |
| D1550 | RE-CEMENT OR RE-BOND SPACE MAINTAINER |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - 1 TO 3 CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT |
| D4212 | GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - 4 OR MORE CONTIGUOUS TEETH/TOOTH BOUNDED SPACES PER QUADRANT |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING- 1 TO 3 TEETH OR TOOTH BOUNDED SPACES PER QUADRANT |
| D4249 | CLINICAL CROWN LENGTHENING-HARD TISSUE |

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| D4260 | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) FOUR OR MORE CONTIGUOU(SEE BOOK) |
| D4261 | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) ONE TO THREE CONTIGUOU(SEE BOOK) |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE |
| D4277 | FREE SOFT TISSUE GRAFT PROCEDURE (INLCUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN G |
| D4278 | FREE SOFT TISSUE GRAFT PROCEDURE (INLCUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOU |
| D4320 | PROVISIONAL SPLINTING, INTRACORONAL |
| D4321 | PROVISIONAL SPLINTING, EXTRACORONAL |
| D4341 | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT |
| D4342 | PERIODONTAL SCALING AND ROOT PLANING, ONE TO THREE TEETH, PER QUADRANT |
| D4910 | PERIODONTAL MAINTENANCE |
| D4999 | UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT |
| D5510 | REPAIR BROKEN COMPLETE DENTURE BASE |
| D5520 | REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH) |
| 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 |
| D5899 | UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT |
| D7260 | OROANTRAL FISTULA CLOSURE |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATTION |
| D7285 | INCISIONAL BIOPSY OF ORAL TISSUE HARD (BONE, TOOTH) |
| D7286 | INCISIONAL BIOPSY OF ORAL TISSUE SOFT |
| D7295 | HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES, PER QUADRANT |
| D7311 | ALVEOLOPLASTY IN CONJUNCTION W EXTRACTIONS- 1-3 TEETH OR TOOTH SPACES, PER QUADRANT |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES, PER QUADRANT |
| D7340 | VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) |
| D7350 | VESTIBULOPLASTY-RIDGE EXTENSION (INCLUD.SOFT TISSUE GRAFTS,MUSCLE RE-ATTACHMENTS,REVISION *SEE BOOK |
| D7410 | EXCISION OF BENIGN LESION UP TO 1.25 CM |
| D7411 | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM |

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| D7412 | EXCISION OF BENIGN LESION, COMPLICATED |
| D7413 | EXCISION OF MALIGNANT LESION UP TO 1.25 CM |
| D7414 | EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM |
| D7415 | EXCISION OF MALIGNANT LESION, COMPLICATED |
| D7440 | EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM |
| 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 NON-ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM |
| D7461 | REMOVAL OF BENIGN NON-ODONTOGENIC CYST OR TUMOR- LESION DIAMETER GREATER THAN 1.25 CM |
| D7465 | DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT |
| D7471 | REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE) |
| D7472 | REMOVAL OF TORUS PALATINUS |
| D7473 | REMOVAL OF TORUS MANDIBULARIS |
| D7485 | SURGICAL REDUCTION OSSEOUS TUBEROSITY |
| D7510 | INCISION AND DRAINAGE OF ABSCESS, INTRAORAL SOFT TISSUE |
| D7560 | MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY |
| D7880 | OCCLUSAL ORTHOTIC DEVICE, BY REPORT |
| D7910 | SUTURE OF RECENT SMALL WOUNDS, UP TO 5 CM |
| D7911 | COMPLICATED SUTURE- UP TO 5 CM |
| D7912 | COMPLICATED SUTURE- GREATER THAN 5 CM |
| D7960 | FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE |
| D7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY |
| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT |
| 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 |
| D8050 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION |
| D8060 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION |
| D8070 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION |
| D8080 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION |
| D8090 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION |
| D8210 | REMOVABLE APPLIANCE THERAPY |
| D8220 | FIXED APPLIANCE THERAPY |

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| D8692 | REPLACEMENT OF LOST OR BROKEN RETAINER |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES |
| D9940 | OCCLUSAL GUARDS, BY REPORT |
| D9941 | FABRICATION OF ATHLETIC MOUTHGUARD |
| D9950 | OCCLUSAL ANALYSIS - MOUNTED CASE |
| D9951 | OCCLUSAL ADJUSTMENT - LIMITED |
| D9952 | OCCLUSAL ADJUSTMENT - COMPLETE |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT |