Covered and Non-Covered Dental Services

This document pertains to services provided on or after January 1, 2015.

- Codes listed with a "Yes" in this table are covered services for the specific benefit package(s) listed. (Refer to the Dental Services rulebook for futher details regarding coverage and limitations.) Codes list with a "No" are non-covered services for the specific benefit package(s) listed or are services that are "incidental" to another service and are not reimbursed separately.
- If dental services are billed as medical pursuant to rule, they are billed on a CMS-1500 claim for using CPT or HCPCS codes and ICD-9-CM diagnosis codes. (The procedures listed as "medical" on the table may not be all inclusive of every dental code that has a corresponding medical code.)
- Fees can be found on OHA's Fee-for-Service Fee Schedule (http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx).
- BR (By report) indicates clinical documentation is required prior to payment determination.

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (**under age 21**)	OHP PLUS BENEFIT PACKAGE (**age 21 and over, non-pregnant adults**)	OHP PLUS BENEFIT PACKAGE (**pregnant adults**)	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D0120	periodic oral eval-established patient	Yes	Yes	Yes		
D0140	limited oral eval-problem focus	Yes	Yes	Yes		
D0145	oral evaluation, pt < 3yrs	Yes	No	No		
D0150	established	Yes	Yes	Yes		
D0160	extensive oral eval-problem focus	Yes	Yes	Yes		
D0170	re-eval limited, problem focus	Yes	Yes	Yes		
D0171	re-eval post operative office visit	No	No	No		
D0180	comp periodic eval-new or established	Yes	Yes	Yes		
D0190	screening of a patient	No	No	No		
D0191	assessment of a patient	Yes	Yes	Yes		
D0210	intraoral-complete series	Yes	Yes	Yes		
D0220	intraoral-periapical first radiographic image	Yes	Yes	Yes		
D0230	introral-periapical each addtl	Yes	Yes	Yes		
D0240	intraoral-occlusal	Yes	Yes	Yes		
D0250	extraoral-first	Yes	Yes	Yes		
D0260	extraoral-each addtl	Yes	Yes	Yes		
D0270	bitewing-single	Yes	Yes	Yes		
D0272	bitewing-two radiographic images	Yes	Yes	Yes		
D0273	bitewing-three radiographic images	Yes	Yes	Yes		
D0274	bitewing-four radiographic images	Yes	Yes	Yes		
D0277	vertical bitewing 7-8	Yes	Yes	Yes		
D0290	posterior-anterior or skull & facial radiographic image	Yes	Yes	Yes		
D0310	sialography	Yes	Yes	Yes	BR	
D0320	TMJ arthrogram	Yes	Yes	Yes	BR	
D0321	other TMJ radiographic images	Yes	Yes	Yes		
D0322	tomographic survey	Yes	Yes	Yes	BR	
D0330	panoramic radiographic image	Yes	Yes	Yes		
D0340	cephalometric radiographic image	No	No	No		

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D0350	2D oral/facial photographic image	No	No	No		
D0351	3D photographic image	No	No	No		
D0364	cone beam, less than one whole jaw	No	No	No		
D0365	cone beam, mandible	No	No	No		
D0366	cone beam, maxilla	No	No	No		
D0367	cone beam, both jaws	No	No	No		
D0368	cone beam for TMJ series	No	No	No		
D0369	maxillofacial MRI	No	No	No		
D0370	maxillofacial ultrasound	No	No	No		
D0371	sialoendoscopy	No	No	No		Medical
D0380	cone beam image only, less than one whole jaw	No	No	No		
D0381	cone beam image only, mandible	No	No	No		
D0382	cone beam image only, maxilla	No	No	No		
D0383	cone beam image only,both jaws	No	No	No		
D0384	cone beam image only, for TMJ series	No	No	No		
D0385	maxillofacial MRI image only	No	No	No		
D0386	maxillofacial ultrasound image only	No	No	No		
D0391	interpretation of image by other practitioner	No	No	No		
D0393	treatment simulation using 3D image volume	No	No	No		
D0394	digital subtraction of two or more images or image volumes	No	No	No		
D0395	fusion of two or more 3D image volumes	No	No	No		
D0415	collection for culture and sensitivity	Yes	Yes	Yes	BR	
D0416	viral culture	No	No	No		
D0417	collection and prep of saliva sample	No	No	No		
D0418	analysis of saliva sample	No	No	No		
D0421	genetic test oral disease	No	No	No		
D0425	caries susceptibility test	No	No	No		
D0431	adjuntive pre-diagnostic test	No	No	No		
D0460	pulp vitality	No	No	No		
D0470	diagnostic casts	No	No	No		
D0472	accession of tissue	No	No	No		
D0473	accession of tissue	No	No	No		
D0474	accession of tissue	No	No	No		
D0475	decalcification proc	No	No	No		
D0476	special stains for microorganism	No	No	No		
D0477	special stains not for microorganism	No	No	No		
D0478	immunohistochemical stains	No	No	No		
D0479	tissue in-situ hybridization	No	No	No		

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D0480	accession of exfoliative cytologic smears	No	No	No		
D0481	electron microscopy	No	No	No		
D0482	direct immunofluorescence	No	No	No		
D0483	indirect immunofluorescence	No	No	No		
D0484	consult on slides prepared elsewhere	No	No	No		
D0485	consultation	No	No	No		
D0486	accession of brush biopsy	No	No	No		
D0502	other oral path proc	No	No	No		
D0601	caries risk assessment and documentation, low risk	No	No	No		
D0602	caries risk assessment and documentation, moderate risk	No	No	No		
D0603	caries risk assessment and documentation, high risk	No	No	No		
D0999	unspecified diagnostic proc	No	No	No		
D1110	prophylaxis-adult	No	Yes	Yes		
D1120	prophylaxis-child	Yes	No	No		
D1206	topical fluoride varnish	Yes	Yes	Yes		
D1208	topical application of fluoride	Yes	Yes	Yes		
D1310	nutritional counseling	No	No	No		
D1320	tobacco counseling	Yes	Yes	Yes		
D1330	oral hygiene instructions	No	No	No		
D1351	sealant	Yes	No	No		
D1352	preventive resin restoration, mod to high risk - permanent tooth	No	No	No		
D1353	sealant repair - per tooth	Yes	No	No		
D1510	space maintainer-fixed unilateral	Yes	No	No		
D1515	space maintainer-fixed bilateral	Yes	No	No		
D1520	space maintainer-removable unilateral	Yes	No	No		
D1525	space maintainer-removable bilateral	Yes	No	No		
D1550	re-cement or re-bond space maintainer	Yes	Yes	Yes		
D1555	removal fixed space maintainer	Yes	Yes	Yes		
D1999	unspecified preventive procedure	No	No	No		
D2140	amalgam-1 surface prim or perm	Yes	Yes	Yes		
D2150	amalgam-2 surface prim or perm	Yes	Yes	Yes		
D2160	amalgam-3 surface prim or perm	Yes	Yes	Yes		
D2161	amalgam-4 or more surface prim or perm	Yes	Yes	Yes		
D2330	resin based composite- 1 anterior	Yes	Yes	Yes		
D2331	resin based composite- 2 anterior	Yes	Yes	Yes		
D2332	resin based composite- 3 anterior	Yes	Yes	Yes		

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D2335	resin based composite- 4 or > anterior	Yes	Yes	Yes		
D2390	resin based composite-crown anterior	Yes	No	Yes		
D2391	resin based composite- 1 posterior	Yes	Yes	Yes		
D2392	resin based composite- 2 posterior	Yes	Yes	Yes		
D2393	resin based composite- 3 posterior	Yes	Yes	Yes		
D2394	resin based composite- 4 or > posterior	Yes	Yes	Yes		
D2410	gold foil- 1 surface	No	No	No		
D2420	gold foil- 2 surface	No	No	No		
D2430	gold foil- 3 surface	No	No	No		
D2510	inlay metallic- 1 surface	No	No	No		
D2520	inlay metallic- 2 surface	No	No	No		
D2530	inlay metallic- 3 or more surface	No	No	No		
D2542	onlay metallic- 2 surface	No	No	No		
D2543	onlay metallic- 3 surface	No	No	No		
D2544	onlay metallic- 4 or more surface	No	No	No		
D2610	inlay porcelain/ceramic- 1 surface	No	No	No		
D2620	inlay porcelain/ceramic- 2 surface	No	No	No		
D2630	inlay porcelain/ceramic- 3 or more surface	No	No	No		
D2642	onlay porcelain/ceramic- 2 surface	No	No	No		
D2643	onlay porcelain/ceramic-3 surface	No	No	No		
D2644	surface	No	No	No		
D2650	inlay resin-based composite- 1 surface	No	No	No		
D2651	inlay resin-based composite- 2 surface	No	No	No		
D2652	surface	No	No	No		
D2662	onlay resin-based composite- 2 surface	No	No	No		
D2663	onlay resin-based composite- 3 surface	No	No	No		
D2664	surface	No	No	No		
D2710	crown resin based composite	Yes	No	Yes		
D2712	crown 3/4 resin based composite	Yes	No	Yes		
D2720	crown resin with high noble metal	No	No	No		
D2721	crown resin with predominantly base metal	No	No	No		
D2722	crown resin with noble metal	No	No	No		
D2740	crown porcelain/ceramic	No	No	No		
D2750	crown porcelain fused to high noble metal	No	No	No		

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D2751	crown porcelain fused to predom base metal	Yes	No	Yes		
D2752	crown porcelain fused to noble metal	Yes	No	Yes		
D2780	crown 3/4 cast high noble metal	No	No	No		
D2781	crown 3/4 cast predominantly base metal	No	No	No		
D2782	crown 3/4 cast noble metal	No	No	No		
D2783	crown 3/4 porcelain/ceramic	No	No	No		
D2790	crown full cast high noble metal	No	No	No		
D2791	crown full cast predominantly base metal	No	No	No		
D2792	crown full cast noble metal	No	No	No		
D2794	crown titanium	No	No	No		
D2799	provisional crown	No	No	No		
D2910	re-cement or re-bond inlay, onlay, veneer or part coverage restoration	Yes	Yes	Yes		
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	Yes	Yes	Yes		
D2920	re-cement or re-bond crown	Yes	Yes	Yes		
D2921	reattachment of tooth fragment	Yes	Yes	Yes		
D2929	prefab porcelain/ceramic crown, primary	No	No	No		
D2930	crown prefabricated stainless steel prim	Yes	No	Yes		
D2931	crown prefabricated stainless steel perm	Yes	No	Yes		
D2932	crown prefabricated resin	Yes	No	Yes		
D2933	crown prefab stainless steel w resin window	Yes	No	Yes		
D2934	crown prefab esthetic coated stainless steel prim	No	No	No		
D2940	protective restoration	Yes	Yes	Yes		
D2941	interim therapeutic restoration - primary dentition	Yes	Yes	Yes		
D2949	restorative foundation for indirect restoration	No	No	No		
D2950	core buildup	Yes	No	Yes		
D2951	pin retention	Yes	Yes	Yes		
D2952	post & core in addt to crown, indirectly fabricated	No	No	No		
D2953	post-each addtl indirectly fabricated	No	No	No		
D2954	prefabricated post & core	Yes	No	Yes		
D2955	post removal	No	No	No		
D2957	prefabricated post -each addtl	Yes	No	Yes		

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D2960	labial veneer, resin laminate - chairside	No	No	No		
D2961	labial veneer, resin laminate - laboratory	No	No	No		
D2962	laboratory	No	No	No		
D2970	crown temporary fractured tooth	Yes	Yes	Yes		
D2971	construct new crown under existing partial	No	No	No		
D2975	coping	No	No	No		
D2980	crown repair	Yes	Yes	Yes		
D2981	inlay repair	No	No	No		
D2982	onlay repair	No	No	No		
D2983	veneer repair	No	No	No		
D2990	resin infiltration of smooth surface lesions	No	No	No		
D2999	unspecified restorative proc	No	No	No		
D3110	pulp cap direct	No	No	No		
D3120	pulp cap indirect	No	No	No		
D3220	therapeutic pulpotomy	Yes	Yes	Yes		
D3221	pulpal debridement	Yes	Yes	Yes		
D3222	partial pulpotomy for apexogenesis	Yes	Yes	Yes		
D3230	pulpal therapy - anterior, primary	Yes	No	No		
D3240	pulpal therapy - posterior, primary	Yes	No	No		
D3310	anterior	Yes	Yes	Yes		
D3320	bicuspid	Yes	Yes	Yes		
D3330	molar	Yes	No	Yes 1st molar		
D3331	root canal obstruction, non surgical	Yes	Yes	Yes		
D3332	incomplete endodontic therapy	Yes	Yes	Yes	BR	
D3333	internal root repair of perforation defects	Yes	Yes	Yes	BR	
D3346	previous root canal therapy-anterior	Yes	Yes	Yes	BR	
D3347	previous root canal therapy-bicuspid	No	No	No		
D3348	previous root canal therapy-molar	No	No	No		
D3351	apexification/recalcification-initial visit	Yes	No	Yes		
D3352	apexification/recalcification-interim medication replacement	Yes	No	Yes		
D3353	apexification/recalcification-final visit	Yes	No	Yes	BR	
D3355	pulpal regneration-initial visit	No	No	No		
D3356	pulpal regeneration-interim medication replacement	No	No	No		
D3357	pulpal regeneration-completion of treatment	No	No	No		
D3410	apicoectomy-anterior	Yes	Yes	Yes		
D3421	apicoectomy-bicuspid	No	No	No		
D3425	apicoectomy-molar	No	No	No		

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D3426	each addtl root	No	No	No		
D3427	periradicular surgery without apicoectomy	No	No	No		
D3428	bone graft in conjunction with periradicular surgery	No	No	No		
D3429	each additional contiguous tooth	No	No	No		
D3430	retrograde filling	Yes	Yes	Yes	BR	
D3431	biologic materials to aid in soft and osseous tissue regeneration	No	No	No		
D3432	guided tissue regneration	No	No	No		
D3450	root amputation	No	No	No		
D3460	endodontic endosseous implant	No	No	No		
D3470	reimplantation	No	No	No		
D3910	surgical proc for isolation of tooth w rubber dam	No	No	No		
D3920	hemisection	No	No	No		
D3950	canal prep	No	No	No		
D3999	unspecified endodontic proc	No	No	No		
D4210	more teeth	Yes	Yes	Yes		
D4211	gingivectomy/gingivoplasty- 1 to 3 teeth	Yes	Yes	Yes		
D4212	gingivectomy/gingivoplasty- per tooth	No	No	No		
D4230	anatomical crown exposure- 4 or > teeth	No	No	No		
D4231	anatomical crown exposure- 1 to 3 teeth	No	No	No		
D4240	gingival flap proc- 4 or more teeth	No	No	No		
D4241	gingival flap proc- 1 to 3 teeth	No	No	No		
D4245	apically positioned flap	No	No	No		
D4249	clinical crown lengthening	No	No	No		
D4260	osseous surgery- 4 or more teeth	No	No	No		
D4261	osseous surgery- 1 to 3 teeth	No	No	No		
D4263	bone replacement graft- first site	No	No	No		
D4264	bone replacement graft- each addtl site	No	No	No		
D4265	biologic materials	No	No	No		
D4266	tissue regeneration, resorbable barrier	No	No	No		
D4267	tissue regeneration, nonresorbable barrier	No	No	No		
D4268	surgical revision	No	No	No		
D4270	pedicle soft tissue graft	No	No	No		
D4273	subepithelial connective tissue graft	No	No	No		
D4274	distal or proximal wedge	No	No	No		
D4275	soft tissue allograft	No	No	No		

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D4276	pedicle graft	No	No	No		
D4277	edentulous	No	No	No		
D4278	free soft tissue graft, each additional	No	No	No		
D4320	provisional splinting- intracoronal	No	No	No		
D4321	provisional splinting- extracoronal	No	No	No		
D4341	periodontal scaling- 4 or more teeth	Yes	Yes	Yes		
D4342	periodonal scaling- 1 to 3 teeth	Yes	Yes	Yes		
D4355	full mouth debridement	Yes	Yes	Yes		
D4381	localized delivery of antimicrobial agents	No	No	No		
D4910	periodontal maintenance	Yes	Yes	Yes		
D4920	unscheduled dressing change	Yes	Yes	Yes	BR	
D4921	gingival irrigation-per quadrant	No	No	No		
D4999	unspecified periodontal proc	No	No	No		
D5110	complete denture-maxillary	Yes	Yes	Yes		
D5120	complete denture-mandibular	Yes	Yes	Yes		
D5130	immediate denture-maxillary	Yes	Yes	Yes		
D5140	immediate denture-mandibular	Yes	Yes	Yes		
D5211	partial denture-maxillary-resin	Yes	Yes	Yes		
D5212	partial denture-mandibular-resin	Yes	Yes	Yes		
D5213	partial denture-maxillary-cast metal	No	No	No		
D5214	partial denture-mandibular-cast metal	No	No	No		
D5225	partial denture-maxillary-flexible base	No	No	No		
D5226	partial denture-mandibular-flexible base	No	No	No		
D5281	partial denture-removable unilateral	No	No	No		
D5410	adjust complete denture-maxillary	Yes	Yes	Yes		
D5411	adjust complete denture-mandibular	Yes	Yes	Yes		
D5421	adjust partial denture-maxillary	Yes	Yes	Yes		
D5422	adjust partial denture-mandibular	Yes	Yes	Yes		
D5510	repair broken complete denture base	Yes	Yes	Yes		
D5520	complete denture	Yes	Yes	Yes		
D5610	repair resin denture	Yes	Yes	Yes		
D5620	repair cast framework	Yes	Yes	Yes		
D5630	repair/replace broken clasp	Yes	Yes	Yes		
D5640	replace broken tooth	Yes	Yes	Yes		
D5650	add tooth to existing partial denture	Yes	Yes	Yes		
D5660	add clasp to existing partial denture	Yes	Yes	Yes		
D5670	replace all teeth-maxillary	Yes	Yes	Yes		
D5671	replace all teeth-mandibular	Yes	Yes	Yes		
D5710	rebase complete denture-maxillary	Yes	Yes	Yes		
D5711	rebase complete denture-mandibular	Yes	Yes	Yes		
D5720	rebase partial denture-maxillary	Yes	Yes	Yes		
D5721	rebase partial denture-mandibular	Yes	Yes	Yes		

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D5730	reline complete denture-maxillary	Yes	Yes	Yes		
D5731	reline complete denture-mandibular	Yes	Yes	Yes		
D5740	reline partial denture-maxillary	Yes	Yes	Yes		
D5741	reline partial denture-mandibular	Yes	Yes	Yes		
D5750	reline complete denture-maxillary-lab	Yes	Yes	Yes		
D5751	reline complete denture-mandibular-lab	Yes	Yes	Yes		
D5760	reline partial denture-maxillary-lab	Yes	Yes	Yes		
D5761	reline partial denture-mandibular-lab	Yes	Yes	Yes		
D5810	interim complete denture-maxillary	No	No	No		
D5811	interim complete denture-mandibular	No	No	No		
D5820	interim partial denture-maxillary	Yes	Yes	Yes		
D5821	interim partial denture-mandibular	Yes	Yes	Yes		
D5850	tissue conditioning-maxillary	Yes	Yes	Yes		
D5851	tissue conditioning-mandibular	Yes	Yes	Yes		
D5862	precision attachment	No	No	No		
D5863	overdenture-complete maxillary	No	No	No		
D5864	overdenture-partial maxillary	No	No	No		
D5865	overdenture-complete mandibular	No	No	No		
D5866	overdenture-partial mandibular	No	No	No		
D5867	replace semi-precision or precision attachment	No	No	No		
D5875	modification of removable prosthesis	No	No	No		
D5899	unspecified removable prosthodontic proc	No	No	No		
D5911	facial moulage-sectional	No	No	No		Medical
D5912	facial moulage-complete	No	No	No		Medical
D5913	nasal prosthesis	No	No	No		Medical
D5914	auricular prosthesis	No	No	No		Medical
D5915	orbital prosthesis	No	No	No		Medical
D5916	ocular prosthesis	No	No	No		Medical
D5919	facial prosthesis	No	No	No		Medical
D5922	nasal septal prosthesis	No	No	No		Medical
D5923	ocular prosthesis-interim	No	No	No		Medical
D5924	cranial prosthesis	No	No	No		Medical
D5925	facial augmentation	No	No	No		Medical
D5926	nasal prosthesis-replacement	No	No	No		Medical
D5927	auricular prosthesis-replacement	No	No	No		Medical
D5928	orbital prosthesis-replacement	No	No	No		Medical
D5929	facial prosthesis-replacement	No	No	No		Medical
D5931	obturator prosthesis-surgical	No	No	No		Medical
D5932	obturator prosthesis-definitive	No	No	No		Medical
D5933	obturator prosthesis-modification	No	No	No		Medical
D5934	guide flange	No	No	No		Medical
D5935	guide flange	No	No	No		Medical

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D5936	obturator prosthesis-interim	No	No	No		Medical
D5937	trismus appliance	No	No	No		Medical
D5951	feeding aid	No	No	No		Medical
D5952	speech aid prosthesis-pediatric	No	No	No		Medical
D5953	speech aid prosthesis-adult	No	No	No		Medical
D5954	palatal augmentation prosthesis	No	No	No		Medical
D5955	palatal lift prosthesis-definitive	No	No	No		Medical
D5958	palatal lift prosthesis-interim	No	No	No		Medical
D5959	palatal lift prosthesis-modification	No	No	No		Medical
D5960	speech aid prosthesis-modification	No	No	No		Medical
D5982	surgical stent	No	No	No		Medical
D5983	radiation carrier	No	No	No		Medical
D5984	radiation shield	No	No	No		Medical
D5985	radiation cone locator	No	No	No		Medical
D5986	fluoride gel carrier	Yes	Yes	Yes		
D5987	comissure splint	No	No	No		Medical
D5988	surgical splint	No	No	No		Medical
D5991	topical medicament carrier	No	No	No		Medical
D5992	adjust maxillofacial prosthetic appliance	No	No	No		Medical
D5993	maintenance/cleaning of maxillofacial prosthesis	No	No	No		Medical
D5994	periodontal medicament carrier	No	No	No		
D5999	unspecified maxillofacial prosthesis	No	No	No		
D6010	endosteal	No	No	No		
D6011	second stage implant surgery	No	No	No		
D6012	surgical placement of interim implant body for transitional prosthesis-endosteal	No	No	No		
D6013	surgical placement of mini implant	No	No	No		
D6040	surgical placement-eposteal implant	No	No	No		
D6050	surgical placement-transosteal implant	No	No	No		
D6051	interim abutment	No	No	No		
D6052	smi-precision attachment abutment	No	No	No		
D6055	dental implant supported connecting bar	No	No	No		
D6056	prefabricated abutment	No	No	No		
D6057	custom fabricated abutment	No	No	No		
D6058	porcelain/ceramic crown	No	No	No		
D6059	abutment supported porcelain fused to metal crown-high noble metal	No	No	No		
D6060	abutment supported porcelain fused to metal crown-predominantly base metal	No	No	No		

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D6061	abutment supported porcelain fused to metal crown-noble metal	No	No	No		
D6062	abutment supported cast metal crown-high noble metal	No	No	No		
D6063	abutment supported cast metal crown-predominantly base metal	No	No	No		
D6064	crown-noble metal	No	No	No		
D6065	crown	No	No	No		
D6066	metal crown	No	No	No		
D6067	implant supported metal crown	No	No	No		
D6068	abutment supported retainer-porcelain/ceramic FPD	No	No	No		
D6069	abutment supported retainer-porcelain fused to metal FPD, high noble metal	No	No	No		
D6070	abutment supported retainer-porcelain fused to metal FPD, predom base metal	No	No	No		
D6071	abutment supported retainer-porcelain fused to metal FPD, noble metal	No	No	No		
D6072	abutment supported retainer-cast metal FPD, high noble metal	No	No	No		
D6073	abutment supported retainer-cast metal FPD, predom base metal	No	No	No		
D6074	abutment supported retainer-cast metal FPD, noble metal	No	No	No		
D6075	Implant supported retainer-ceramic FPD	No	No	No		
D6076	fused to metal FPD	No	No	No		
D6077	Implant supported retainer-cast metal FPD	No	No	No		
D6080	implant maintence	No	No	No		
D6090	repair implant abutment	No	No	No		
D6091	replace semi/precision attachment	No	No	No		
D6092	supported crown	No	No	No		
D6093	supported fixed partial	No	No	No		
D6094	abutment supported crown	No	No	No		
D6095	repair implant abutment	No	No	No		
D6100	Implant removal	No	No	No		
D6101	debridement of periimplant defect	No	No	No		
D6102	debridement and osseous contouring of periimplant defect	No	No	No		
D6103	bone graft for repair of periimplant defect	No	No	No		

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D6104	bone graft at time of implant placement	No	No	No		
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	No	No	No		
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	No	No	No		
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	No	No	No		
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	No	No	No		
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	No	No	No		
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	No	No	No		
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	No	No	No		
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	No	No	No		
D6190	radiographic/surgical implant index	No	No	No		
D6194	for FPD	No	No	No		
D6199	unspecified implant proc	No	No	No		
D6205	pontic-indirect resin based	No	No	No		
D6210	pontic-cast high noble metal	No	No	No		
D6211	pontic-cast predom base metal	No	No	No		
D6212	pontic-cast noble metal	No	No	No		
D6214	pontic-titanium	No	No	No		
D6240	pontic-porcelain fused to high noble metal	No	No	No		
D6241	base metal	No	No	No		
D6242	pontic-porcelain fused to noble metal	No	No	No		
D6245	pontic-porcelain/ceramic	No	No	No		
D6250	pontic-resin w/ high noble metal	No	No	No		
D6251	pontic-resin w/ predom base metal	No	No	No		
D6252	pontic-resin w/ noble metal	No	No	No		
D6253	provisional pontic	No	No	No		
D6545	fixed pros	No	No	No		
D6548	bonded fixed pros	No	No	No		

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D6549	resin retainer - for resin bonded fixed prosthesis	No	No	No		
D6600	inlay-porcelain/ceramic 2 surface	No	No	No		
D6601	inlay-porcelain/ceramic 3 or > surface	No	No	No		
D6602	inlay-cast high noble 2 surface	No	No	No		
D6603	inlay-cast high noble 3 or > surface	No	No	No		
D6604	inlay-cast predom base 2 surface	No	No	No		
D6605	surface	No	No	No		
D6606	inlay-cast noble 2 surface	No	No	No		
D6607	inlay-cast noble 3 or > surface	No	No	No		
D6608	onlay-porcelain/ceramic 2 surface	No	No	No		
D6609	onlay-porcelain/ceramic 3 or > surface	No	No	No		
D6610	onlay-cast high noble 2 surface	No	No	No		
D6611	onlay-cast high noble 3 or > surface	No	No	No		
D6612	onlay-cast predom base 2 surface	No	No	No		
D6613	onlay-cast predom base 3 or > surface	No	No	No		
D6614	onlay-cast noble 2 surface	No	No	No		
D6615	onlay-cast noble 3 or > surface	No	No	No		
D6624	inlay-titanium	No	No	No		
D6634	onlay-titanium	No	No	No		
D6710	crown-indirect resin based	No	No	No		
D6720	crown-resin w/ high noble metal	No	No	No		
D6721	crown-resin w/ predom base metal	No	No	No		
D6722	crown-resin w/ noble metal	No	No	No		
D6740	crown-porcelain/ceramic	No	No	No		
D6750	crown--porcelain fused to high noble metal	No	No	No		
D6751	base metal	No	No	No		
D6752	crown-porcelain fused to noble metal	No	No	No		
D6780	crown-3/4 cast high noble metal	No	No	No		
D6781	crown-3/4 cast predom base metal	No	No	No		
D6782	crown-3/4 cast noble metal	No	No	No		
D6783	crown-3/4 porcelain/ceramic	No	No	No		
D6790	crown-full cast high noble metal	No	No	No		
D6791	crown-full cast predom base metal	No	No	No		
D6792	crown-full cast noble metal	No	No	No		
D6793	provisional retainer crown	No	No	No		
D6794	crown-titanium	No	No	No		
D6920	connector bar	No	No	No		
D6930	re-cement or re-bond fixed partial denture	Yes	Yes	Yes		
D6940	stress breaker	No	No	No		
D6950	precision attachment	No	No	No		

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D6980	fixed partial denture repair	Yes	Yes	Yes		
D6985	pediatric partial denture, fixed	No	No	No		
D6999	unspecified fixed prosthodontics proc	No	No	No		
D7111	deciduous tooth	Yes	Yes	Yes		
D7140	extraction-erupted tooth or exposed root	Yes	Yes	Yes		
D7210	surgical removal-erupted tooth	Yes	Yes	Yes		
D7220	removal impacted tooth-soft tissue	Yes	Yes	Yes		
D7230	removal impacted tooth-partially bony	Yes	Yes	Yes		
D7240	removal impacted tooth-completely bony	Yes	Yes	Yes		
D7241	remove impacted tooth-completely bony w/ complications	Yes	Yes	Yes	BR	
D7250	surgical removal of residual roots	Yes	Yes	Yes		
D7251	coronectomy - intentional partial tooth removal	Yes	Yes	Yes	BR	
D7260	oroantral fistula closure	Yes	Yes	Yes		
D7261	primary closure of sinus perforation	Yes	Yes	Yes	BR	
D7270	tooth reimplantation	Yes	Yes	Yes		
D7272	tooth transplantation	No	No	No		
D7280	surgical access unerupted tooth	No	No	No		
D7282	mobilization erupted/malpositioned tooth	No	No	No		
D7283	impacted tooth	No	No	No		
D7285	incisional biopsy of oral tissue-hard	Yes	Yes	Yes	BR	Medical
D7286	incisional biopsy of oral tissue-soft	Yes	Yes	Yes		Medical
D7287	exfoliative cytological sample collection	Yes	Yes	Yes	BR	Medical
D7288	brush biopsy	Yes	Yes	Yes	BR	Medical
D7290	surgical repositioning of teeth	No	No	No		
D7291	fiberotomy	No	No	No		
D7292	screw retained plate	No	No	No		
D7293	temp anchorage device w flap	No	No	No		
D7294	temp anchorage device w/o flap	No	No	No		
D7295	harvest of bone for use in autogenous graft proc	No	No	No		
D7310	alveoloplasty in conjunction with extraction-4 or > teeth	No	No	No		
D7311	alveoloplasty in conjunction with extraction-1 to 3 teeth	No	No	No		
D7320	alveoloplasty not in conjunction w extraction-4 or > teeth	Yes	No	Yes		
D7321	alveoloplasty not in conjunction w extraction-1 to 3 teeth	Yes	No	Yes		

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D7340	vestibuloplasty ridge extension	Yes	Yes	Yes	BR	Medical
D7350	vestibuloplasty ridge extension w/ graft	Yes	Yes	Yes	BR	Medical
D7410	excision of benign lesion-<=1.25 cm	No	No	No		
D7411	excision of benign lesion->1.25 cm	No	No	No		
D7412	excision of benign lesion, complicated	No	No	No		
D7413	excision of malignant lesion-<=1.25 cm	No	No	No		
D7414	cm	No	No	No		
D7415	excision of malignant lesion, complicated	No	No	No		
D7440	excision malig tumor-<=1.25 cm	No	No	No		Medical
D7441	excision malig tumor->1.25 cm	No	No	No		Medical
D7450	<=1.25cm	Yes	Yes	Yes		Medical
D7451	remove benign odontogenic cyst->1.25cm	Yes	Yes	Yes		Medical
D7460	<=1.25cm	No	No	No		
D7461	>1.25cm	No	No	No		
D7465	Destruction of lesion - physical or chemical method	Yes	Yes	Yes	BR	Medical
D7471	remove lateral exostosis	Yes	Yes	Yes		Medical
D7472	remove torus palatinus	No	No	No		
D7473	remove torus madibularis	No	No	No		
D7485	surgical reduction osseous tuberosity	No	No	No		
D7490	radical resection maxilla or mandible	No	No	No		Medical
D7510	incision/drain abscess intra	Yes	Yes	Yes		
D7511	incision/drain abscess intra, complicated	No	No	No		Medical
D7520	incision/drain abscess extra	Yes	Yes	Yes		
D7521	incision/drain abscess extra, complicated	No	No	No		Medical
D7530	remove foreign body skin/alveolar tissue	Yes	Yes	Yes		Medical
D7540	remove reaction producing foreign body	Yes	Yes	Yes	BR	
D7550	non vital bone	Yes	Yes	Yes	BR	Medical
D7560	maxillary sinusotomy	Yes	Yes	Yes	BR	Medical
D7610	simple fracture-maxilla open reduction	No	No	No		Medical
D7620	simple fracture-maxilla closed reduction	No	No	No		Medical
D7630	simple fracture-mandible open reduction	No	No	No		Medical

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D7640	simple fracture-mandible closed reduction	No	No	No		Medical
D7650	open reduction	No	No	No		Medical
D7660	closed reduction	No	No	No		Medical
D7670	simple fracture-alveolus closed reduction	Yes	Yes	Yes		Medical
D7671	simple fracture-alveolus open reduction	No	No	No		Medical
D7680	complicated reduction	No	No	No		Medical
D7710	compound fracture-maxilla open reduction	No	No	No		Medical
D7720	compound fracture-maxilla closed reduction	No	No	No		Medical
D7730	reduction	No	No	No		Medical
D7740	reduction	No	No	No		Medical
D7750	compound fracture-malar/zygomatic open reduction	No	No	No		Medical
D7760	compound fracture-malar/zygomatic closed reduction	No	No	No		Medical
D7770	reduction	Yes	Yes	Yes	BR	Medical
D7771	compound fracture-alveolus open reduction	No	No	No		Medical
D7780	compound fracture-facial bones-complicated reduction	No	No	No		Medical
D7810	TMJ open reduction of dislocation	No	No	No		Medical
D7820	TMJ closed reduction of dislocation	No	No	No		Medical
D7830	TMJ manipulation under anesthesia	No	No	No		Medical
D7840	condylectomy	No	No	No		
D7850	surgical discectomy	No	No	No		
D7852	disc repair	No	No	No		
D7854	synovectomy	No	No	No		
D7856	myotomy	No	No	No		
D7858	joint reconstruction	No	No	No		
D7860	arthrotomy	No	No	No		
D7865	arthroplasty	No	No	No		
D7870	arthrocentesis	No	No	No		
D7871	non-artroscopic lysis and lavage	No	No	No		
D7872	arthroscopy-diagnosis	No	No	No		
D7873	of adhesions	No	No	No		
D7874	arthroscopy-surgical, disc reposition	No	No	No		
D7875	arthroscopy-surgical, synovectomy	No	No	No		
D7876	arthroscopy-surgical,discetomy	No	No	No		
D7877	arthroscopy-surgical, debridement	No	No	No		
D7880	occlusal orthotic device	No	No	No		
D7899	unspecified TMD therapy	No	No	No		

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D7910	suture small wound <=5cm	Yes	Yes	Yes		
D7911	suture complicated <= 5cm	Yes	Yes	Yes		
D7912	suture complicated > 5 cm	Yes	Yes	Yes		Medical
D7920	skin graft	No	No	No		Medical
D7921	collection/application of autologous blood concentrate	No	No	No		Medical
D7940	osteoplasty-orthognathic deformities	No	No	No		
D7941	osteotomy-mandibular rami	No	No	No		
D7943	osteotomy-mandibular rami w/bone graft	No	No	No		
D7944	osteotomy-segmented or subapical	No	No	No		
D7945	osteotomy-body of mandible	No	No	No		
D7946	lefort I-maxilla total	No	No	No		
D7947	lefort I-maxilla segmented	No	No	No		
D7948	lefort II or III w/o bone graft	No	No	No		
D7949	lefort II or III w/bone graft	No	No	No		
D7950	osseous, osteoperiosteal, or cartilage graft-autogenous or non-autogenous	No	No	No		Medical
D7951	sinus augmentation w bone/bone substitutes via lateral open approach	No	No	No		
D7952	approach	No	No	No		
D7953	bone replacement graft	No	No	No		
D7955	repair maxillofacial tissue defect	No	No	No		
D7960	frenulectomy	Yes	No	No		
D7963	frenuloplasty	Yes	No	No		
D7970	excision hyperplastic tissue	Yes	Yes	Yes		
D7971	excision pericoronal gingiva	Yes	No	Yes		
D7972	surgical reduction fibrous tuberosity	No	No	No		
D7980	sialolithotomy	Yes	Yes	Yes	BR	Medical
D7981	excision of salivary gland	Yes	Yes	Yes	BR	Medical
D7982	sialodochoplasty	Yes	Yes	Yes	BR	Medical
D7983	closure of salivary fistula	Yes	Yes	Yes	BR	Medical
D7990	emergency tracheotomy	Yes	Yes	Yes	BR	
D7991	coronoidectomy	No	No	No		
D7995	synthetic graft	No	No	No		
D7996	implant-mandible for augmentation	No	No	No		
D7997	appliance removal	Yes	Yes	Yes	BR	
D7998	intraoral placement of fixation device	No	No	No		
D7999	unspecified oral surgery proc	No	No	No		
D8010	limited orthodontic primary dentition	Yes	Yes	Yes	BR	
D8020	limited orthodontic transitional dentition	Yes	Yes	Yes	BR	
D8030	limited orthodontic adolescent dentition	Yes	Yes	Yes	BR	
D8040	limited orthodontic adult dentition	Yes	Yes	Yes	BR	

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D8050	interceptive orthodontic primary dentition	Yes	Yes	Yes	BR	
D8060	dentition	Yes	Yes	Yes	BR	
D8070	transitional dentition	Yes	Yes	Yes	BR	
D8080	adolescent dentition	Yes	Yes	Yes	BR	
D8090	comprehensive orthodontic adult dentition	Yes	Yes	Yes	BR	
D8210	removable appliance therapy	Yes	Yes	Yes	BR	
D8220	fixed appliance therapy	Yes	Yes	Yes	BR	
D8660	pre-orthodontic visit	Yes	Yes	Yes	BR	
D8670	periodic orthodontic visit	Yes	Yes	Yes	BR	
D8680	orthodontic retention	Yes	Yes	Yes	BR	
D8690	billing	Yes	Yes	Yes	BR	
D8691	repair orthodontic appliance	No	No	No		
D8692	replacement lost/broken retainer	No	No	No		
D8693	rebond or recement of fixed retainer	No	No	No		
D8694	repair of fixed retainer, includes reattachment	No	No	No		
D8999	unspecified orthodontics proc	No	No	No		
D9110	palliative treatment dental pain	Yes	Yes	Yes	BR	
D9120	fix partial denture sectioning	Yes	Yes	Yes	BR	
D9210	local anesthesia	No	No	No		
D9211	regional block anesthesia	Yes	Yes	Yes	BR	Medical
D9212	trigeminal block anesthesia	Yes	Yes	Yes		Medical
D9215	local anesthesia	No	No	No		
D9219	evaluation for deep sedation or general anesthesia	Yes	Yes	Yes		
D9220	deep sedation/general anesth-1st 30min	Yes	Yes	Yes		
D9221	deep sedation/gen anesth-ea addtl 15min	Yes	Yes	Yes		
D9230	analgesia, anxiolysis, nitrous oxide	Yes	Yes	Yes		
D9241	IV conscious sedation-1st 30min	Yes	Yes	Yes		
D9242	IV conscious sedation-ea addtl 15min	Yes	Yes	Yes	BR	
D9248	non-IV conscious sedation	Yes	No	No		
D9310	consultation	Yes	Yes	Yes		
D9410	house/LTC facility call	Yes	Yes	Yes		
D9420	hospital call	Yes	Yes	Yes		
D9430	office visit for observation	No	No	No		
D9440	office after reg hrs	Yes	Yes	Yes		
D9450	case presentation	No	No	No		
D9610	therapeutic parenteral drug-single admin	Yes	Yes	Yes		

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D9612	therapeutic parenteral drug-2 or > admin	Yes	Yes	Yes	BR	
D9630	other drugs or meds	Yes	Yes	Yes		
D9910	application of desensitizing med	No	No	No		
D9911	application of desensitizing resin	No	No	No		
D9920	behavior management	Yes	Yes	Yes	BR	
D9930	treatment of complications-unusal circ	Yes	Yes	Yes	BR	
D9931	Cleaning and inspection of a removable appliance. This procedure does not include any required adjustments	Yes	Yes	Yes		
D9940	occlusal guard	No	No	No		
D9941	fabrication of athletic mouthguard	No	No	No		
D9942	repair/reline occlusal guard	No	No	No		
D9950	occulsion analysis	No	No	No		
D9951	occulsal adjustment-limited	No	No	No		
D9952	occulsal adjustment-complete	No	No	No		
D9970	enamel microabrasion	No	No	No		
D9971	odontoplasty	No	No	No		
D9972	external bleaching-per arch-performed in office	No	No	No		
D9973	external bleaching-per tooth	No	No	No		
D9974	internal bleaching-per tooth	No	No	No		
D9975	external bleaching for home application, per arch	No	No	No		
D9985	sales tax	No	No	No		
D9936	missed appointment	No	No	No		
D9987	Cancelled appointment	No	No	No		
D9999	unspecified adjunctive proc	No	No	No		