

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D0120	Periodic Oral Evaluation – established patient	Exams					
D0140	Limited Oral Evaluation – problem focused	Exams					
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Exams					
D0150	Comprehensive Oral Evaluation – new or established patient	Exams					
D0160	Detailed and extensive oral evaluation – problem focused, by report	Alt-Exams					
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Alt-Exams					
D0171	Re-evaluation – post-operative office visit	Deny or NBP					
D0180	Comprehensive periodontal evaluation – new or established patient	Exams					
D0190	Screening of patient	NBP					
D0191	Assessment of patient	NBP					
D0210	Intraoral - complete series of radiographic images	X-Rays					
D0220	Intraoral - periapical first radiographic image	X-Rays					
D0230	Intraoral - periapical each additional radiographic image	X-Rays					
D0240	Intraoral - occlusal radiographic image	X-Rays					
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	X-Rays					
D0251	Extra-oral posterior dental radiographic image	Deny					
D0270	Bitewing - single radiographic image	Bitewings					
D0272	Bitewings - two radiographic images	Bitewings					
D0273	Bitewings - three radiographic images	Bitewings					
D0274	Bitewings - four radiographic images	Bitewings					
D0277	Vertical bitewings - 7 to 8 radiographic images	Bitewings					
D0310	Sialography	Deny					
D0320	Temporomandibular joint arthrogram, including injection	Deny					
D0321	Other temporomandibular radiographic images, by report	Deny					
D0322	Tomographic survey	Deny					
D0330	Panoramic radiographic image	X-Rays					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D0340	2D cephalometric radiographic image-acquisition, measurement and analysis	Ortho					
D0350	2 D oral/facial photographic image obtained intraorally or extraorally	Ortho					
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Deny					
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Deny					
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Deny					
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Deny					
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Deny					
D0369	Maxillofacial MRI capture and interpretation	Deny					
D0370	Maxillofacial ultrasound capture and interpretation	Deny					
D0371	Sialoendoscopy capture and interpretation	Deny					
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Alt-X-rays					
D0373	Intraoral tomosynthesis – bitewing radiographic image	Alt-Bitewings					
D0374	Intraoral tomosynthesis – periapical radiographic image	Alt-X-rays					
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Deny					
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	Deny					
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Deny					
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Deny					
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Deny					
D0385	Maxillofacial MRI image capture	Deny					
D0386	Maxillofacial ultrasound image capture	Deny					
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – capture only	Deny or NBP					
D0388	Intraoral tomosynthesis bitewing – radiographic image - capture only	Deny or NBP					
D0389	Intraoral tomosynthesis - periapical radiographic image - capture only	Deny or NBP					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Deny					
D0393	Virtual treatment simulation using 3-D image volume or surface scan	Deny					
D0394	Digital subtraction of two or more images or image volumes of the same modality	Deny					
D0395	Fusion of two or more 3D image volumes of one or more modalities	Deny					
D0396	3D printing of a 3D dental surface scan	NBP					
D0411	HbA1c in-office point of service testing	Deny					
D0412	Blood glucose level test: in office using a glucose meter	Deny					
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Deny					
D0415	Collection of microorganisms for culture and sensitivity	Deny					
D0416	Viral Culture	Deny					
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Deny					
D0418	Analysis of saliva sample	Deny					
D0419	Assessment of salivary flow by measurement	Diagnostic					
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Deny					
D0423	Genetic test for susceptibility to diseases-specimen analysis	Deny					
D0425	Caries susceptibility tests	Deny					
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Deny					
D0460	Pulp vitality tests	Diagnostic					
D0470	Diagnostic casts	Ortho		X			
D0472	Accession of tissue, gross examination, preparation and transmission of written report	X-rays					
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	X-rays					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	X-rays					
D0475	Decalcification procedure	Deny					
D0476	Special stains for microorganisms	Deny					
D0477	Special stains not for microorganisms	Deny					
D0478	Immunohistochemical stains	Deny					
D0479	Tissue in-situ hybridization, including interpretation	Deny					
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Diagnostic					
D0481	Electron microscopy	Deny					
D0482	Direct immunofluorescence	Deny					
D0483	Indirect immunofluorescence	Deny					
D0484	Consultation on slides prepared elsewhere	Diagnostic					
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Alt-Diagnostic					Path Rpt
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Deny					
D0502	Other oral pathology procedures, by report	Deny					
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Deny or NBP					
D0601	Caries risk assessment and documentation, with a finding of low risk	Deny					
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Deny					
D0603	Caries risk assessment and documentation, with a finding of high risk	Deny					
D0604	Antigen testing for a public health related pathogen, including coronavirus	Deny					
D0605	Antibody testing for a public health related pathogen, including coronavirus	Deny					
D0606	Molecular testing for a public health pathogen, including coronavirus	Deny					
D0701	Panoramic radiographic image – image capture only	NBP					
D0702	2-D cephalometric radiographic image – image capture only	NBP					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D0703	2-D/facial photographic image obtained intra-orally or extra-orally – image capture only	NBP					
D0705	Extra-oral posterior dental radiographic image – image capture only	NBP					
D0706	Intraoral – occlusal radiographic image – image capture only	NBP					
D0707	Intraoral – periapical radiographic image – image capture only	NBP					
D0708	Intraoral – bitewing radiographic image – image capture only	NBP					
D0709	Intraoral – comprehensive series of radiographic images - image capture only	NBP					
D0801	3D dental surface scan - direct	Deny					
D0802	3D dental surface scan - indirect	Deny					
D0803	3D facial surface scan - direct	Deny					
D0804	3D facial surface scan - indirect	Deny					
D0999	Unspecified diagnostic procedure, by report	Alt-By Rpt		X			
D1110	Prophylaxis – adult	Cleaning					
D1120	Prophylaxis – child	Cleaning					
D1206	Topical application of fluoride varnish	Fluoride					
D1208	Topical application of fluoride – excluding varnish	Fluoride					
D1301	Immunization counseling	Deny					
D1310	Nutritional counseling for control of dental disease	Deny					
D1320	Tobacco counseling for the control and prevention of oral disease	Deny					
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance abuse	Deny					
D1330	Oral hygiene instructions	Deny					
D1351	Sealant – per tooth	Sealants					
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Deny					
D1353	Sealant repair – per tooth	Deny					
D1354	Application of caries arresting medicament - per tooth	Fluoride					
D1355	Caries preventive medicament application – per tooth	Deny					
D1510	Space maintainer – fixed, unilateral-per quadrant	Space Maint					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D1516	Space maintainer – fixed – bilateral, maxillary	Space Maint					
D1517	Space maintainer-fixed-bilateral, mandibular	Space Maintainer					
D1520	Space maintainer – removable, unilateral-per quadrant	Deny					
D1526	Space maintainer – removable, bilateral maxillary	Space Maint					
D1527	Space maintainer-removable-bilateral mandibular	Space Maint					
D1551	Re-cement or re-bond bilateral space - maintainer-maxillary	Space Maint					
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	Space Maint					
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	Space Maint					
D1556	Removal of fixed unilateral space maintainer-per quadrant	Space Maint					
D1557	Removal of fixed bilateral space maintainer-maxillary	Space Maint					
D1558	Removal of fixed bilateral space maintainer-mandibular	Space Maint					
D1575	Distal shoe space maintainer -fixed, unilateral-per quadrant	Space Maint					
D1701	Pfizer BioNTech Covid-19 vaccine – first dose	Deny					
D1702	Pfizer BioNTech Covid-19 vaccine – second dose	Deny					
D1703	Moderna Covid-19 vaccine administration – first dose	Deny					
D1704	Moderna Covid-19 vaccine administration – second dose	Deny					
D1705	AstraZeneca Covid-19 vaccine administration – first dose	Deny					
D1706	AstraZeneca Covid-19 vaccine administration – second dose	Deny					
D1707	Janssen Covid-19 administration	Deny					
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	Deny					
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	Deny					
D1710	Moderna Covid-19 vaccine administration – third dose	Deny					
D1711	Moderna Covid-19 vaccine administration – booster dose	Deny					
D1712	Janssen Covid-19 vaccine administration – booster dose	Deny					
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	Deny					
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D1781	Vaccine administration – human papillomavirus – Dose 1	Deny					
D1782	Vaccine administration – human papillomavirus – Dose 2	Deny					
D1783	Vaccine administration – human papillomavirus – Dose 3	Deny					
D1999	Unspecified preventive procedure, by report	By Rpt		X			
D2140	Amalgam – one surface, primary or permanent	Routine Rest					
D2150	Amalgam – two surfaces, primary or permanent	Routine Rest					
D2160	Amalgam – three surfaces, primary or permanent	Routine Rest					
D2161	Amalgam – four or more surfaces, primary or permanent	Routine Rest					
D2330	Resin-based composite – one surface, anterior	Routine Rest					
D2331	Resin-based composite – two surfaces, anterior	Routine Rest					
D2332	Resin-based composite – three surfaces, anterior	Routine Rest					
D2335	Resin-based composite – four or more surfaces (anterior)	Routine Rest					
D2390	Resin-based composite crown, anterior	Routine Rest	X				
D2391	Resin-based composite – one surface, posterior	Routine Rest- Premolars Surf F, Alt -Routine Rest Other Teeth/Surf (for most plans)					
D2392	Resin-based composite – two surfaces, posterior	Alt-Routine Rest (for most plans)					
D2393	Resin-based composite – three surfaces, posterior	Alt-Routine Rest (for most plans)					
D2394	Resin-based composite – four or more surfaces, posterior	Alt-Routine Rest (for most plans)					
D2410	Gold foil – one surface	Alt-Routine Rest (for most plans)					
D2420	Gold foil – two surfaces	Alt-Routine Rest (for most plans)					
D2430	Gold foil – three surfaces	Alt-Routine Rest (for most plans)					
D2510	Inlay – metallic - one surface	Crown	X				
D2520	Inlay – metallic - two surfaces	Crown	X				
D2530	Inlay – metallic - three or more surfaces	Crown	X				
D2542	Onlay – metallic - two surfaces	Crown	X				
D2543	Onlay – metallic - three surfaces	Crown	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D2544	Onlay – metallic - four or more surfaces	Crown	X				
D2610	Inlay – porcelain/ceramic - one surface	Alt-Crown (for most plans)	X				
D2620	Inlay – porcelain/ceramic - two surfaces	Alt-Crown (for most plans)	X				
D2630	Inlay – porcelain/ceramic - three or more surfaces	Alt-Crown (for most plans)	X				
D2642	Onlay – porcelain/ceramic - two surfaces	Alt-Crown (for most plans)	X				
D2643	Onlay – porcelain/ceramic - three surfaces	Alt-Crown (for most plans)	X				
D2644	Onlay – porcelain/ceramic - four or more surfaces	Alt-Crown (for most plans)	X				
D2650	Inlay – resin-based composite - one surface	Alt-Crown (for most plans)	X				
D2651	Inlay – resin-based composite - two surfaces	Alt-Crown (for most plans)	X				
D2652	Inlay – resin-based composite - three or more surfaces	Alt-Crown (for most plans)	X				
D2662	Onlay – resin-based composite - two surfaces	Alt-Crown (for most plans)	X				
D2663	Onlay – resin-based composite - three surfaces	Alt-Crown (for most plans)	X				
D2664	Onlay – resin-based composite - four or more surfaces	Alt-Crown (for most plans)	X				
D2710	Crown – resin-based composite (indirect)	Crown	X				
D2712	Crown – ¾ resin-based composite (indirect)	Crown	X				
D2720	Crown – resin with high noble metal	Crown	X				
D2721	Crown – resin with predominantly base metal	Crown	X				
D2722	Crown – resin with noble metal	Crown	X				
D2740	Crown – porcelain/ceramic	Crown	X				
D2750	Crown – porcelain fused to high noble metal	Crown	X				
D2751	Crown – porcelain fused to predominantly base metal	Crown	X				
D2752	Crown – porcelain fused to noble metal	Crown	X				
D2753	Crown-porcelain fused to titanium and titanium alloys	Crown	X				
D2780	Crown – ¾ cast high noble metal	Crown	X				
D2781	Crown – ¾ cast predominantly base metal	Crown	X				
D2782	Crown – ¾ cast noble metal	Crown	X				
D2783	Crown – ¾ porcelain/ceramic	Crown	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D2790	Crown – full cast high noble metal	Crown	X				
D2791	Crown – full cast predominantly base metal	Crown	X				
D2792	Crown – full cast noble metal	Crown	X				
D2794	Crown – titanium and titanium alloys	Alt-Crown (for most plans)	X				
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Adjunctive	X	X			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Routine Rest					
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Routine Rest					
D2920	Re-cement or re-bond crown	Routine Rest					
D2921	Reattachment of tooth fragment, incisal edge or cusp	Routine Rest					
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Alt-Routine Rest (for most plans)					
D2929	Prefabricated porcelain/ceramic crown – primary tooth	Alt-Routine Rest (for most plans)					
D2930	Prefabricated stainless steel crown – primary tooth	Routine Rest					
D2931	Prefabricated stainless steel crown – permanent tooth	Routine Rest					
D2932	Prefabricated resin crown	Routine Rest					
D2933	Prefabricated stainless steel crown with resin window	Routine Rest					
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Routine Rest					
D2940	Protective restoration	Adjunctive					
D2941	Interim therapeutic restoration – primary dentition	Deny					
D2949	Restorative foundation for an indirect restoration	NBP					
D2950	Core buildup, including any pins when required	Routine Rest	X				
D2951	Pin retention – per tooth, in addition to restoration	Routine Rest					
D2952	Post and core in addition to crown, indirectly fabricated	Crown	X				
D2953	Each additional indirectly fabricated post – same tooth	NBP					
D2954	Prefabricated post and core in addition to crown	Routine Rest	X				
D2955	Post removal	Routine Rest	X	X			
D2957	Each additional prefabricated post – same tooth	NBP					
D2960	Labial veneer (resin laminate) – chairside	Routine Rest					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D2961	Labial veneer (resin laminate) – laboratory	Crown	X				
D2962	Labial veneer (porcelain laminate) – laboratory	Crown	X				
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Crown					
D2975	Coping	Deny					
D2976	Band stabilization – per tooth	Deny					
D2980	Crown repair necessitated by restorative material failure	Alt-By Rpt (for most plans)		X			Lab Invoice
D2981	Inlay repair necessitated by restorative material failure	Alt-By Rpt (for most plans)		X			Lab Invoice
D2982	Onlay repair necessitated by restorative material failure	Alt-By Rpt (for most plans)		X			Lab Invoice
D2983	Veneer repair necessitated by restorative material failure	Alt-By Rpt (for most plans)		X			Lab Invoice
D2989	Excavation of a tooth resulting in the determination of non-restorability	NBP					
D2990	Resin infiltration of incipient smooth surface lesions	Deny					
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Deny					
D2999	Unspecified restorative procedure, by report	By Rpt		X			Lab Invoice
D3110	Pulp cap – direct (excluding final restoration)	Endo	X				
D3120	Pulp cap – indirect (excluding final restoration)	Endo	X				
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	Endo					
D3221	Pulpal debridement, primary and permanent teeth	Endo					
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Endo	X				
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Endo	X				
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Endo	X				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Endo	Post-Op				
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Endo	Post-Op				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Endo	Post-Op				
D3331	Treatment of root canal obstruction; non-surgical access	Endo	Pre-Op, Post-Op				
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Endo		X			
D3333	Internal root repair of perforation defects	Endo	X	X			
D3346	Retreatment of previous root canal therapy – anterior	Endo	Pre-Op, Post-Op	X			
D3347	Retreatment of previous root canal therapy – premolar	Endo	Pre-Op, Post-Op	X			
D3348	Retreatment of previous root canal therapy – molar	Endo	Pre-Op, Post-Op	X			
D3351	Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Endo	X				
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Endo	Post-Op				
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Endo	Post-Op				
D3355	Pulpal regeneration – initial visit	Endo	X				
D3356	Pulpal regeneration – interim medication replacement	Endo	Post-Op				
D3357	Pulpal regeneration – completion of treatment	Endo	Post-Op				
D3410	Apicoectomy/periradicular surgery – anterior	Endo	Pre-Op, Post-Op				
D3421	Apicoectomy/periradicular surgery – premolar (first root)	Endo	Pre-Op, Post-Op				
D3425	Apicoectomy/periradicular surgery – molar (first root)	Endo	Pre-Op, Post-Op				
D3426	Apicoectomy/periradicular surgery – (each additional root)	Endo	Pre-Op, Post-Op				
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Deny					
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Deny					
D3430	Retrograde filling – per root	Endo	Post-Op				
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Deny					
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D3450	Root amputation – per root	Endo	X				
D3460	Endodontic endosseous implant	Deny					
D3470	Intentional reimplantation (including necessary splinting)	Deny					
D3471	Surgical repair of root resorption - anterior	Endo					Op Rep
D3472	Surgical repair of root resorption - premolar	Endo					Op Rep
D3473	Surgical repair of root resorption - molar	Endo					Op Rep
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption- anterior	Endo					Op Rep
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption- premolar	Endo					Op Rep
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption- molar	Endo					Op Rep
D3910	Surgical procedure for isolation of tooth with rubber dam	NBP					
D3911	Intraorifice barrier	NBP					
D3920	Hemisection (including any root removal), not including root canal therapy	Endo	X				
D3921	Decoronation or submergence of an erupted tooth	Endo					Op Rep
D3950	Canal preparation and fitting of preformed dowel or post	NBP					
D3999	Unspecified endodontic procedure, by report	By Rpt		X			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Perio			X		
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Perio		Additional Teeth #	X		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Perio	X		X		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Deny					
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Deny					
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Perio			X		
D4241	Gingival flap procedure, including root planing – one to three teeth contiguous teeth or tooth bounded spaces per quadrant	Perio		Additional Teeth #	X		
D4245	Apically positioned flap	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D4249	Clinical crown lengthening – hard tissue	Perio	X				
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Perio				X	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Perio		Additional Teeth #	X		
D4263	Bone replacement graft – retained natural tooth-first site in quadrant	Perio					
D4264	Bone replacement graft – retained natural tooth-each additional site in quadrant	Perio					
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Perio					
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	Perio					
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal)	Alt-Perio for most plans)					
D4268	Surgical revision procedure, per tooth	NBP					
D4270	Pedicle soft tissue graft procedure	Deny					
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Perio	X				
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Deny					
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Perio		X			
D4276	Combined connective tissue and pedicle graft, per tooth	Deny					
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	Perio		X			
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Perio		X			
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Perio		X			

Code	Description	Benefit Category	X-Ray	Narrative	Tooth	
					Chart	Other
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position in same graft site	Perio		X		
D4286	Removal of non-resorbable barrier	Perio		X		
D4322	Splint – intracoronal; natural teeth or prosthetic crowns	Deny or NBP				
D4323	Splint – extracoronal; natural teeth or prosthetic crowns	Deny or NBP				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Perio			X	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Perio		Additional Teeth #	X	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation	Cleaning				
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	Cleaning				
D4381	Localized delivery of Antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Deny				
D4910	Periodontal maintenance	Perio				
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Perio				
D4921	Gingival irrigation with medicinal agent – per quadrant	Deny or NBP				
D4999	Unspecified periodontal procedure, by report	By Rpt		X		
D5110	Complete denture – maxillary	Prosthodontics				
D5120	Complete denture – mandibular	Prosthodontics				
D5130	Immediate denture – maxillary	Prosthodontics				
D5140	Immediate denture – mandibular	Prosthodontics				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Prosthodontics				X
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Prosthodontics				X
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Prosthodontics				X
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Prosthodontics				X

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Prosthodontics				X	
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Prosthodontics				X	
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Prosthodontics				X	
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Prosthodontics				X	
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	Prosthodontics				X	
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	Prosthodontics				X	
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	Prosthodontics				X	
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	Prosthodontics				X	
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	Prosthodontics				X	
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	Prosthodontics				X	
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) – per quadrant	Prosthodontics				X	
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) – per quadrant	Prosthodontics				X	
D5410	Adjust complete denture – maxillary	Prosthodontics					
D5411	Adjust complete denture – mandibular	Prosthodontics					
D5421	Adjust partial denture – maxillary	Prosthodontics					
D5422	Adjust partial denture – mandibular	Prosthodontics					
D5511	Repair broken complete denture base, mandibular	Prosthodontics					
D5512	Repair broken complete denture base, maxillary	Prosthodontics					
D5520	Replace missing or broken teeth – complete denture (each tooth)	Prosthodontics					
D5611	Repair resin partial denture base, mandibular	Prosthodontics					
D5612	Repair resin partial denture base, maxillary	Prosthodontics					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D5621	Repair cast partial framework, mandibular	Prosthodontics					
D5622	Repair cast partial framework, maxillary	Prosthodontics					
D5630	Repair or replace broken retentive clasping materials – per tooth	Prosthodontics					
D5640	Replace broken teeth – per tooth	Prosthodontics					
D5650	Add tooth to existing partial denture	Prosthodontics					
D5660	Add clasp to existing partial denture – per tooth	Prosthodontics					
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Prosthodontics				X	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Prosthodontics				X	
D5710	Rebase complete maxillary denture	Prosthodontics					
D5711	Rebase complete mandibular denture	Prosthodontics					
D5720	Rebase maxillary partial denture	Prosthodontics					
D5721	Rebase mandibular partial denture	Prosthodontics					
D5725	Rebase hybrid prosthesis	Prosthodontics					
D5730	Reline complete maxillary denture (chairside)	Prosthodontics					
D5731	Reline complete mandibular denture (chairside)	Prosthodontics					
D5740	Reline maxillary partial denture (chairside)	Prosthodontics					
D5741	Reline mandibular partial denture (chairside)	Prosthodontics					
D5750	Reline complete maxillary denture (laboratory)	Prosthodontics					
D5751	Reline complete mandibular denture (laboratory)	Prosthodontics					
D5760	Reline maxillary partial denture (laboratory)	Prosthodontics					
D5761	Reline mandibular partial denture (laboratory)	Prosthodontics					
D5765	Soft liner for complete or partial removable denture - indirect	Prosthodontics					
D5810	Interim complete denture (maxillary)	Denial					
D5811	Interim complete denture (mandibular)	Denial					
D5820	Interim partial denture – (maxillary)	Prosthodontics					
D5821	Interim partial denture – (mandibular)	Prosthodontics					
D5850	Tissue conditioning, maxillary	Prosthodontics					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D5851	Tissue conditioning, mandibular	Prosthodontics					
D5862	Precision attachment, by report	Deny					
D5863	Overdenture - complete maxillary	Prosthodontics					
D5864	Overdenture – partial maxillary	Prosthodontics				X	
D5865	Overdenture – complete mandibular	Prosthodontics					
D5866	Overdenture – partial mandibular	Prosthodontics				X	
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	Deny					
D5875	Modification of removable prosthesis following implant surgery	Deny					
D5876	Add metal substructure to acrylic full denture (per arch)	Deny					
D5899	Unspecified removable prosthodontic procedure, by report	Alt-By Rpt		X			Lab Invoice
D5911	Facial moulage (sectional)	Deny					
D5912	Facial moulage (complete)	Deny					
D5913	Nasal prosthesis	Deny					
D5914	Auricular prosthesis	Deny					
D5915	Orbital prosthesis	Deny					
D5916	Ocular prosthesis	Deny					
D5919	Facial prosthesis	Deny					
D5922	Nasal septal prosthesis	Deny					
D5923	Ocular prosthesis, interim	Deny					
D5924	Cranial prosthesis	Deny					
D5925	Facial augmentation implant prosthesis	Deny					
D5926	Nasal prosthesis, replacement	Deny					
D5927	Auricular prosthesis, replacement	Deny					
D5928	Orbital prosthesis, replacement	Deny					
D5929	Facial prosthesis, replacement	Deny					
D5931	Obturator prosthesis, surgical	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D5932	Obturator prosthesis, definitive	Deny					
D5933	Obturator prosthesis, modification	Deny					
D5934	Mandibular resection prosthesis with guide flange	Deny					
D5935	Mandibular resection prosthesis without guide flange	Deny					
D5936	Obturator prosthesis, interim	Deny					
D5937	Trismus appliance (not for TMD treatment)	Deny					
D5951	Feeding aid	Deny					
D5952	Speech aid prosthesis, pediatric	Deny					
D5953	Speech aid prosthesis, adult	Deny					
D5954	Palatal augmentation prosthesis	Deny					
D5955	Palatal lift prosthesis, definitive	Deny					
D5958	Palatal lift prosthesis, interim	Deny					
D5959	Palatal lift prosthesis, modification	Deny					
D5960	Speech aid prosthesis, modification	Deny					
D5982	Surgical stent	Deny					
D5983	Radiation carrier	Deny					
D5984	Radiation shield	Deny					
D5985	Radiation cone locator	Deny					
D5986	Fluoride gel carrier	Deny					
D5987	Commissure splint	Deny					
D5988	Surgical splint	Deny					
D5991	Vesiculobullous disease medicament carrier	Deny					
D5992	Adjust maxillofacial prosthetic appliance, by report	Deny					
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Deny					
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	Deny					
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D5999	Unspecified maxillofacial prosthesis, by report	Alt-By Rpt		X			Lab Invoice
D6010	Surgical placement of implant body: endosteal implant	Implant-Lim, Implant-Alt or Implant	X				
D6011	Surgical access to an implant body (second stage implant surgery)	NBP					
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Deny					
D6013	Surgical placement of mini implant	Implant-Lim, Implant-Alt or Implant		X			
D6040	Surgical placement: eposteal implant	Deny					
D6050	Surgical placement: transosteal implant	Deny					
D6051	Interim implant abutment placement	Deny					
D6055	Connecting bar – implant supported or abutment supported	Deny					
D6056	Prefabricated abutment – includes modification and placement	Implant	X				
D6057	Custom fabricated abutment – includes placement	Implant	X				
D6058	Abutment supported porcelain/ceramic crown	Implant-Lim, Implant-Alt or Implant	X				
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Implant-Lim, Implant-Alt or Implant	X				
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6062	Abutment supported cast metal crown (high noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6063	Abutment supported cast metal crown (predominantly base metal)	Implant-Lim, Implant-Alt or Implant	X				
D6064	Abutment supported cast metal crown (noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6065	Implant supported porcelain/ceramic crown	Implant-Lim, Implant-Alt or Implant	X				
D6066	Implant supported crown-porcelain fused to high noble alloy	Implant-Lim, Implant-Alt or Implant	X				
D6067	Implant supported crown-high noble alloys	Implant-Lim, Implant-Alt or Implant	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6068	Abutment supported retainer for porcelain/ceramic FPD	Implant-Lim, Implant-Alt or Implant	X				
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Implant-Lim, Implant-Alt or Implant	X				
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Implant-Lim, Implant-Alt or Implant	X				
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Implant-Lim, Implant-Alt or Implant	X				
D6075	Implant supported retainer for ceramic FPD	Implant-Lim, Implant-Alt or Implant	X				
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	Implant-Lim, Implant-Alt or Implant	X				
D6077	Implant supported retainer for metal FPD - high noble alloys	Implant-Lim, Implant-Alt or Implant	X				
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Implant					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Implant		X			
D6082	Implant supported crown-porcelain fused to predominantly base alloys	Implant-Lim, Implant-Alt or Implant	X				
D6083	Implant supported crown-porcelain fused to noble alloys	Implant-Lim, Implant-Alt or Implant	X				
D6084	Implant supported crown-porcelain fused to titanium or titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6085	Interim implant crown	Deny					
D6086	Implant supported crown-predominantly base alloys	Implant-Lim, Implant-Alt or Implant	X				
D6087	Implant supported crown – noble alloys	Implant-Lim, Implant-Alt or Implant	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6088	Implant supported crown – titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6089	Accessing and retorquing loose implant screw - per screw	Deny					
D6090	Repair implant supported prosthesis by report	Implant-By Report		X			Lab invoice
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Deny					
D6092	Re-cement or re-bond implant/abutment supported crown	Prosthodontics					
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Prosthodontics					
D6094	Abutment supported crown – titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6095	Repair implant abutment, by report	Implant-By Report		X			Lab Invoice
D6096	Remove broken implant retaining screw	Implant					
D6097	Abutment supported crown – porcelain fused to titanium or titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Implant-Lim, Implant-Alt or Implant	X				
D6099	Implant supported retainer – porcelain fused to noble alloys	Implant-Lim, Implant-Alt or Implant	X				
D6100	Surgical removal of implant body	Group Contract					Op Report
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of exposed implant surfaces, including flap entry and closure	Implant		X			
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Implant		X			
D6103	Bone graft for repair of periimplant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	Deny					
D6104	Bone graft at time of implant placement	Group Contract					
D6105	Removal of implant body not requiring bone removal or flap elevation	Implant					
D6106	Guided tissue regeneration – resorbable barrier, per implant	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Deny					
D6110	Implant / abutment supported removable denture for edentulous arch – maxillary	Implant-Lim, Implant-Alt or Implant	X				
D6111	Implant / abutment supported removable denture for edentulous arch – mandibular	Implant-Lim, Implant-Alt or Implant	X				
D6112	Implant / abutment supported removable denture for partially edentulous arch – maxillary	Implant-Lim, Implant-Alt or Implant	X				
D6113	Implant / abutment supported removable denture for partially edentulous arch – mandibular	Implant-Lim, Implant-Alt or Implant	X				
D6114	Implant / abutment supported fixed denture for edentulous arch – maxillary	Implant-Lim, Implant-Alt or Implant	X				
D6115	Implant / abutment supported fixed denture for edentulous arch – mandibular	Implant-Lim, Implant-Alt or Implant	X				
D6116	Implant / abutment supported fixed denture for partially edentulous arch – maxillary	Implant-Lim, Implant-Alt or Implant	X				
D6117	Implant / abutment supported fixed denture for partially edentulous arch – mandibular	Implant-Lim, Implant-Alt or Implant	X				
D6118	Implant/abutment supported interim fixed denture for edentulous arch-mandibular	Deny					
D6119	Implant/abutment supported interim fixed denture for edentulous arch-maxillary	Deny					
D6120	Implant supported retainer for FPD – porcelain fused to titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6121	Implant supported retainer for metal FPD-predominantly base alloys	Implant-Lim, Implant-Alt or Implant	X				
D6122	Implant supported retainer for metal FPD - noble alloys	Implant-Lim, Implant-Alt or Implant	X				
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6190	Radiographic/surgical implant index, by report	Deny					
D6191	Semi-precision abutment- placement	Deny					
D6192	Semi-precision attachment- placement	Deny					
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	Implant-Lim, Implant-Alt or Implant	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6197	Replacement of restorative material used to close an access opening of a screw retained implant supported prosthesis, per implant	Deny					
D6198	Remove interim implant component	NBP					
D6199	Unspecified implant procedure, by report	Implant-By Report		X			
D6205	Pontic – indirect resin-based composite	Alt-Prosthodontics (for most plans)	X				
D6210	Pontic – cast high noble metal	Prosthodontics	X				
D6211	Pontic – cast predominantly base metal	Prosthodontics	X				
D6212	Pontic – cast noble metal	Prosthodontics	X				
D6214	Pontic – titanium and titanium alloys	Prosthodontics	X				
D6240	Pontic – porcelain fused to high noble metal	Prosthodontics	X				
D6241	Pontic – porcelain fused to predominantly base metal	Prosthodontics	X				
D6242	Pontic – porcelain fused to noble metal	Prosthodontics	X				
D6243	Pontic - porcelain fused to titanium and titanium alloys	Prosthodontics	X				
D6245	Pontic – porcelain/ceramic	Alt-Prosthodontics (for most plans)	X				
D6250	Pontic – resin with high noble metal	Prosthodontics	X				
D6251	Pontic – resin with predominantly base metal	Prosthodontics	X				
D6252	Pontic – resin with noble metal	Prosthodontics	X				
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	Prosthodontics	X	X			
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Prosthodontics	X				
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Alt-Prosthodontics (for most plans)	X				
D6549	Resin retainer – for resin bonded fixed prosthesis	Alt-Prosthodontics (for most plans)	X				
D6600	Retainer inlay – porcelain/ceramic, two surfaces	Alt-Prosthodontics (for most plans)	X				
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	Alt-Prosthodontics (for most plans)	X				
D6602	Retainer inlay – cast high noble metal, two surfaces	Prosthodontics	X				
D6603	Retainer inlay – cast high noble metal, three or more surfaces	Prosthodontics	X				
D6604	Retainer inlay – cast predominantly base metal, two surfaces	Prosthodontics	X				
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	Prosthodontics	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6606	Retainer inlay – cast noble metal, two surfaces	Prosthodontics	X				
D6607	Retainer inlay – cast noble metal, three or more surfaces	Prosthodontics	X				
D6608	Retainer onlay – porcelain/ceramic, two surfaces	Alt-Prosthodontics (for most plans)	X				
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Alt-Prosthodontics (for most plans)	X				
D6610	Retainer onlay – cast high noble metal, two surfaces	Prosthodontics	X				
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Prosthodontics	X				
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Prosthodontics	X				
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Prosthodontics	X				
D6614	Retainer onlay – cast noble metal, two surfaces	Prosthodontics	X				
D6615	Retainer onlay – cast noble metal, three or more surfaces	Prosthodontics	X				
D6624	Retainer inlay – titanium	Alt-Prosthodontics (for most plans)	X				
D6634	Retainer onlay – titanium	Alt-Prosthodontics (for most plans)	X				
D6710	Retainer crown – indirect resin-based composite	Alt-Prosthodontics (for most plans)	X				
D6720	Retainer crown – resin with high noble metal	Prosthodontics	X				
D6721	Retainer crown – resin with predominantly base metal	Prosthodontics	X				
D6722	Retainer crown – resin with noble metal	Prosthodontics	X				
D6740	Retainer crown – porcelain/ceramic	Alt-Prosthodontics (for most plans)					
D6750	Retainer crown – porcelain fused to high noble metal	Prosthodontics	X				
D6751	Retainer crown – porcelain fused to predominantly base metal	Prosthodontics	X				
D6752	Retainer crown – porcelain fused to noble metal	Prosthodontics	X				
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	Prosthodontics	X				
D6780	Retainer crown – ¾ cast high noble metal	Prosthodontics	X				
D6781	Retainer crown – ¾ cast predominately base metal	Prosthodontics	X				
D6782	Retainer crown – ¾ cast noble metal	Prosthodontics	X				
D6783	Retainer crown – ¾ porcelain/ceramic	Alt-Prosthodontics (for most plans)	X				
D6784	Retainer crown – ¾ titanium and titanium alloys	Prosthodontics	X				
D6790	Retainer crown – full cast high noble metal	Prosthodontics	X				

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D6791	Retainer crown – full cast predominantly base metal	Prosthodontics	X				
D6792	Retainer crown – full cast noble metal	Prosthodontics	X				
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Prosthodontics	X	X			
D6794	Retainer crown – titanium and titanium alloys	Alt-Prosthodontics (for most plans)	X				
D6920	Connector bar	Deny					
D6930	Re-cement or re-bond fixed partial denture	Prosthodontics					
D6940	Stress breaker	Prosthodontics	X				Lab Invoice
D6950	Precision attachment	Deny					
D6980	Fixed partial denture repair, necessitated by restorative material failure	Alt-Prosthodontics (for most plans)		X			Lab Invoice
D6985	Pediatric partial denture, fixed	Deny					
D6999	Unspecified, fixed prosthodontic procedure, by report	By Rpt		X			Lab Invoice
D7111	Extraction, coronal remnants – primary tooth	Oral Surgery					
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Oral Surgery					
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Oral Surgery	X				
D7220	Removal of impacted tooth – soft tissue	Oral Surgery	X				
D7230	Removal of impacted tooth – partially bony	Oral Surgery	X				
D7240	Removal of impacted tooth – completely bony	Oral Surgery	X				
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Oral Surgery	X				Op Rpt
D7250	Removal of residual tooth roots (cutting procedure)	Oral Surgery	X				
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	Oral Surgery	X	X			
D7260	Oroantral fistula closure	Oral Surgery					Op Rpt
D7261	Primary closure of a sinus perforation	Oral Surgery					Op Rpt
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	Oral Surgery	X	X			
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7280	Exposure of an unerupted tooth	Oral Surgery	X				
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Oral Surgery	X				
D7283	Placement of device to facilitate eruption of impacted tooth	Ortho	X				
D7284	Excisional biopsy of minor salivary glands	Deny					
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Oral Surgery					Path Rpt
D7286	Incisional biopsy of oral tissue – soft	Oral Surgery					Path Rpt
D7287	Exfoliative cytological sample collection	Deny					
D7288	Brush biopsy – transepithelial sample collection	Deny					
D7290	Surgical repositioning of teeth	Ortho	X				
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Ortho By Rpt					Op Rpt
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap	Deny					
D7293	Placement of temporary anchorage device requiring flap	Deny					
D7294	Placement of temporary anchorage device without flap	Deny					
D7295	Harvest of bone for use in autogenous grafting procedure	Deny					
D7296	Corticotomy – one to three teeth or tooth bound spaces, per quadrant	Deny					
D7297	Corticotomy – four or more teeth or tooth bound spaces, per quadrant	Deny					
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Deny					
D7299	Removal of temporary anchorage device, requiring flap	Deny					
D7300	Removal of temporary anchorage device without flap	Deny					
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Oral Surgery					
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Oral Surgery		Additional Teeth #			
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	Oral Surgery					
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Oral Surgery		Additional Teeth #			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Deny					
D7410	Excision of benign lesion up to 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7411	Excision of benign lesion greater than 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7412	Excision of benign lesion, complicated	Deny					
D7413	Excision of malignant lesion up to 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7414	Excision of malignant lesion greater than 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7415	Excision of malignant lesion, complicated	Deny					
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Oral Surgery					Med EOB, Path Rpt
D7465	Destruction of lesion(s) by physical or chemical method, by report	Oral Surgery		X			
D7471	Removal of lateral exostosis (maxilla or mandible)	Oral Surgery					Op Rpt
D7472	Removal of torus palatinus	Oral Surgery					Op Rpt

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7473	Removal of torus mandibularis	Oral Surgery					Op Rpt
D7485	Reduction of osseous tuberosity	Oral Surgery					Op Rpt
D7490	Radical resection of maxilla or mandible	Oral Surgery					Med EOB, Op Rpt, Path Rpt
D7509	Marsupialization of odontogenic cyst	Deny					
D7510	Incision and drainage of abscess – intraoral soft tissue	Oral Surgery					Op Rpt
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Oral Surgery					Med EOB, Op Rpt
D7520	Incision and drainage of abscess – extraoral soft tissue	Oral Surgery					Op Rpt
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Alt-By Rpt					Med EOB, Op Rpt
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Oral Surgery					Med EOB, Op Rpt
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Oral Surgery					Op Rpt
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Oral Surgery					Op Rpt
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Oral Surgery					Op Rpt
D7610	Maxilla - open reduction (teeth immobilized, if present)	Oral Surgery					Med EOB, Op Rpt
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Oral Surgery					Med EOB, Op Rpt
D7630	Mandible - open reduction (teeth immobilized, if present)	Oral Surgery					Med EOB, Op Rpt
D7640	Mandible-closed reduction (teeth immobilized, if present)	Oral Surgery					Med EOB, Op Rpt
D7650	Malar and/or zygomatic arch – open reduction	Oral Surgery					Med EOB, Op Rpt

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7660	Malar and/or zygomatic arch – closed reduction	Oral Surgery					Med EOB, Op Rpt
D7670	Alveolus – closed reduction, may include stabilization of teeth	Oral Surgery	X				Med EOB, Op Rpt
D7671	Alveolus – open reduction, may include stabilization of teeth	Oral Surgery	X				Med EOB, Op Rpt
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Deny					
D7710	Maxilla – open reduction	Oral Surgery					Med EOB, Op Rpt
D7720	Maxilla – closed reduction	Oral Surgery					Med EOB, Op Rpt
D7730	Mandible – open reduction	Oral Surgery					Med EOB, Op Rpt
D7740	Mandible – closed reduction	Oral Surgery					Med EOB, Op Rpt
D7750	Malar and/or zygomatic arch – open reduction	Oral Surgery					Med EOB, Op Rpt
D7760	Malar and/or zygomatic arch – closed reduction	Oral Surgery					Med EOB, Op Rpt
D7770	Alveolus – open reduction stabilization of teeth	Oral Surgery					Med EOB, Op Rpt
D7771	Alveolus, closed reduction stabilization of teeth	Oral Surgery					Med EOB, Op Rpt
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Deny					
D7810	Open reduction of dislocation	TMJ					Med EOB, Op Rpt

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7820	Closed reduction of dislocation	TMJ					Med EOB, Op Rpt
D7830	Manipulation under anesthesia	TMJ					Med EOB, Op Rpt
D7840	Condylectomy	Deny					
D7850	Surgical discectomy, with/without implant	Deny					
D7852	Disc repair	Deny					
D7854	Synovectomy	Deny					
D7856	Myotomy	Deny					
D7858	Joint reconstruction	Deny					
D7860	Arthrotomy	Deny					
D7865	Arthroplasty	Deny					
D7870	Arthrocentesis	Deny					
D7871	Non-arthroscopic lysis and lavage	Deny					
D7872	Arthroscopy – diagnosis, with or without biopsy	Deny					
D7873	Arthroscopy-lavage and lysis of adhesions	Deny					
D7874	Arthroscopy- disc repositioning and stabilization	Deny					
D7875	Arthroscopy – synovectomy	Deny					
D7876	Arthroscopy – discectomy	Deny					
D7877	Arthroscopy – debridement	Deny					
D7880	Occlusal orthotic device, by report	Deny					
D7881	Occlusal orthotic device adjustment	Deny					
D7899	Unspecified TMD therapy, by report	Deny					
D7910	Suture of recent small wounds up to 5 cm	Oral Surgery					Med EOB, Op Rpt
D7911	Complicated suture – greater than 5 cm	Deny					
D7912	Complicated suture – greater than 5 cm	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7920	Skin graft (identify defect covered, location and type of graft)	Deny					
D7921	Collection and application of autologous blood concentrate product	Deny					
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Deny					
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Deny					
D7940	Osteoplasty – for orthognathic deformities	Deny					
D7941	Osteotomy – mandibular rami	Deny					
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Deny					
D7944	Osteotomy – segmented or subapical	Deny					
D7945	Osteotomy – body of mandible	Deny					
D7946	LeFort I (maxilla – total)	Deny					
D7947	LeFort I (maxilla – segmented)	Deny					
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Deny					
D7949	LeFort II or LeFort III – with bone graft	Deny					
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	Deny					
D7951	Sinus augmentation with bone or bone substitutes	Deny					
D7952	Sinus augmentation via a vertical approach	Deny					
D7953	Bone replacement graft for ridge preservation – per site	Group Contract					
D7955	Repair of maxillofacial soft and/or hard tissue defect	Deny					
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Oral Surgery		X			
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Oral Surgery		X			
D7961	Buccal/labial frenectomy (frenulectomy)	Oral Surgery					Op Rpt
D7962	Lingual frenectomy (frenulectomy)	Oral Surgery					Op Rpt
D7963	Lingual frenectomy (frenulectomy)	Oral Surgery					Op Rpt
D7970	Excision of hyperplastic tissue – per arch	Oral Surgery		X			
D7971	Excision of pericoronal gingiva	Oral Surgery		X			

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D7972	Surgical reduction of fibrous tuberosity	Oral Surgery					Med EOB, Op Rpt
D7979	Non- surgical sialolithotomy	Oral Surgery		X			
D7980	Surgical sialolithotomy	Oral Surgery					Med EOB, Op Rpt
D7981	Excision of salivary gland, by report	Deny					
D7982	Sialodochoplasty	Deny					
D7983	Closure of salivary fistula	Oral Surgery					Med EOB, Op Rpt
D7990	Emergency tracheotomy	Deny					
D7991	Coronoidectomy	Deny					
D7993	Surgical placement of craniofacial implant-extra oral	Deny					
D7994	Surgical placement: zygomatic implant	Deny					
D7995	Synthetic graft – mandible or facial bones, by report	Deny					
D7996	Implant–mandible for augmentation purposes (excluding alveolar ridge), by report	Deny					
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Deny					
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Deny					
D7999	Unspecified oral surgery procedure, by report	By Rpt					Op Rpt
D8010	Limited orthodontic treatment of the primary dentition	Ortho					
D8020	Limited orthodontic treatment of the transitional dentition	Ortho					
D8030	Limited orthodontic treatment of the adolescent dentition	Ortho					
D8040	Limited orthodontic treatment of the adult dentition	Ortho					
D8070	Comprehensive orthodontic treatment of the transitional dentition	Ortho		X			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Ortho		X			
D8090	Comprehensive orthodontic treatment of the adult dentition	Ortho		X			
D8210	Removable appliance therapy	Ortho		X			

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D8220	Fixed appliance therapy	Ortho		X			
D8660	Pre-orthodontic treatment examination to monitor growth and development	NBP					
D8670	Periodic orthodontic treatment visit	NBP					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Ortho		X			
D8681	Removable orthodontic retainer adjustment	Deny					
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Deny					
D8696	Repair of orthodontic appliance - maxillary	Deny					
D8697	Repair of orthodontic appliance-mandibular	Deny					
D8698	Re-cement or re-bond fixed retainer - maxillary	Ortho					
D8699	Re-cement or re-bond fixed retainer - mandibular	Ortho					
D8701	Repair of fixed retainer, includes reattachment - maxillary	Ortho					
D8702	Repair of fixed retainer, includes reattachment - mandibular	Ortho					
D8703	Replacement of lost or broken retainer – maxillary	Ortho					
D8704	Replacement of lost or broken retainer - mandibular	Ortho					
D8999	Unspecific orthodontic procedure, by report	Ortho By Rpt		X			Lab Invoice
D9110	Palliative treatment of dental pain – per visit	Adjunctive		X			
D9120	Fixed partial denture sectioning	Prosthodontics					
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies	TMJ					
D9210	Local anesthesia not in conjunction with operative or surgical procedures	NBP					
D9211	Regional block anesthesia	NBP					
D9212	Trigeminal division block anesthesia	NBP					
D9215	Local anesthesia	NBP					
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	NBP					
D9222	Deep sedation / general anesthesia – first 15 minutes	Adjunctive					
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	Adjunctive					
D9230	Inhalation of nitrous oxide /analgesia, anxiolysis	ACA or Group Contract					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Adjunctive					
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	Adjunctive					
D9248	Non-intravenous (conscious) sedation	Deny					
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	Adjunctive		X			
D9311	Consultation with a medical health care professional	NBP					
D9410	House/extended care facility call	Deny					
D9420	Hospital or ambulatory surgical center call	ACA or Group Contract					
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Adjunctive		X			
D9440	Office visit – after regularly scheduled hours	Adjunctive		X			
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Deny					
D9610	Therapeutic parenteral drug, single administration	Group Contract					
D9612	Therapeutic parenteral drugs, two or more administrators, different injections	Group Contract					
D9613	Infiltration of sustained release therapeutic drug – per quadrant	Deny					
D9630	Drugs or medicaments dispensed in office for home use	Deny					
D9910	Application of desensitizing medicaments	Deny					
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Deny					
D9912	Pre-visit patient screening	NBP					
D9920	Behavior management, by report	Deny					
D9930	Treatment of complications (post– surgical) – unusual circumstances, by report	Adjunctive		X			
D9932	Cleaning and inspection of a removable complete denture, maxillary	Deny					
D9933	Cleaning and inspection of a removable complete denture, mandibular	Deny					
D9934	Cleaning and inspection of a removable partial denture, maxillary	Deny					
D9935	Cleaning and inspection of a removable partial denture, mandibular	Deny					
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Deny					
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D9941	Fabrication of athletic mouthguard	Adjunctive (for most plans)					
D9942	Repair and/or reline of occlusal guard	Deny					
D9943	Occlusal guard adjustment	Deny					
D9944	Occlusal guard - hard appliance, full arch	TMJ					
D9945	Occlusal guard - soft appliance, full arch	TMJ					
D9946	Occlusal guard - hard appliance, partial arch	TMJ					
D9947	Custom sleep apnea appliance fabrication and placement	Deny					
D9948	Adjustment of custom sleep apnea appliance	Deny					
D9949	Repair of a custom sleep apnea appliance	Deny					
D9950	Occlusion analysis – mounted case	Deny					
D9951	Occlusal adjustment – limited	Group Contract					
D9952	Occlusal adjustment – complete	Deny					
D9953	Reline custom sleep apnea appliance (indirect)	Deny					
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Deny					
D9955	Oral appliance therapy (OAT) titration visit	Deny					
D9956	Administration of home sleep apnea test	Deny					
D9957	Screening of sleep related breathing disorders	Deny					
D9961	Duplicate/copy patient's records	Deny					
D9970	Enamel microabrasion	Deny					
D9971	Odontoplasty – per tooth	Deny					
D9972	External bleaching – per arch	Deny					
D9973	External bleaching – per tooth	Deny					
D9974	Internal bleaching – per tooth	Endo		X			
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	Deny					
D9985	Sales tax	Group Contract					
D9986	Missed appointment	Deny					
D9987	Cancelled appointment	Deny					

Code	Description	Benefit Category	X-Ray	Narrative	Perio	Tooth	
						Chart	Other
D9990	Certified translation or sign language services – per visit	NBP					
D9991	Dental case management-addressing appointment compliance barriers	NBP					
D9992	Dental case management- care coordination	NBP					
D9993	Dental case management-motivational interviewing	Deny or NBP					
D9994	Dental case management-patient education to improve oral health literacy	Deny or NBP					
D9995	Teledentistry – synchronous; real – time encounter	NBP					
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	NBP					
D9997	Dental case management – patients with special health care needs	NBP					
D9999	Unspecified adjunctive procedure, by report	By Rpt		X			